QUEENSBURY AND SHELF
URBAN DISTRICT COUNCIL

A N N U A L R E P O R T
OF THE
MEDICAL OFFICER OF HEALTH
for
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Q U E E N S B U R Y & S H E L F

U R B A N D I S T R I C T C O U N C I L

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A N N U A L R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

(DR. R. F. O'SULLIVAN, M.B., B.Ch., B.A.O., D.P.H.)

and

SANITARY INSPECTOR

(W. E. SHELLEY, M.S.I.A.)

FOR THE

YEAR ENDING 31st DECEMBER, 1953

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QUEENSBURY & SHELF

URBAN DISTRICT COUNCIL

HEALTH COMMITTEE

(As at 31st December, 1953)

Chairman of the Council:
Councillor L. Ashworth, J.P.

Chairman:
Councillor J. H. Moore

Vice-Chairman:
Councillor Mrs. M. E. McCreath

Councillor	Ashworth A.	Councillor	Nichols
"	Ashworth L.	"	Pratt
"	Conway	"	CHATBURN. ~~Rodgers~~
"	Crowther	"	Smith W. S.
"	Ellis	"	Smith J. W.
"	Keeton	"	Sutcliffe

HEALTH SUB-COMMITTEE:

Councillor Moore (Chairman)

Councillor Mrs. M. E. McCreath
(Vice-Chairman)

The Health Committee deals with ordinary public health matters, refuse removal & disposal, public conveniences and mortuary facilities.

Other Committees dealing with matters of public health are:-

Housing and Town Planning Committee

rehousing those in need.

Waterworks Committee

water supplies throughout the area.

Sewerage and Sewage Disposal Committee

the sewering of the district and sewage disposal.

Cemetery, Recreation Grounds & Allotments Committee

the provision of cemetery facilities.

Victoria Hall Committee

the provision and maintenance of public swimming and slipper baths.

PUBLIC HEALTH STAFF

Medical Officer of Health: R. F. O'Sullivan, M.B., B.Ch., B.A.O., D.P.H.

Sanitary Inspector: W. E. Shelley, M.S.I.A., C.R.S.I.

Part-time Clerk: J. S. Birkett

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The Urban District of Queensbury and Shelf forms part of Division 18 of the West Riding County Council for Local Health Authority purposes.

Divisional Medical Officer: F. Appleton, M.B., Ch.B., D.P.H.

ANNUAL REPORT

To the Chairman and Councillors of the Queensbury and Shelf Urban District Council

Mr. Chairman, Mrs. McCreath and Gentlemen,

I have the honour and privelege to present to you the Annual Report of the Medical Officer of Health for the year 1953. Broadly speaking the Annual Report covers the activities of the Health Department during the year. In our Urban District of Queensbury and Shelf we are of necessity made to work in very close harmony and contact with the greater health division of the West Riding County Council and I include in these chapters a report for the year in question of the Divisional Medical Officer.

It must seem a pity that the report of a health department each year should consist of a lengthy dossier of illnesses and mortality rates. However, it is obvious that positive health can be envisaged so much more easily by enunciating the ways in which it was lost - in other words by the amount of illness present in the community.

To make us aware of illness in our community we, in the past, have made use of the compulsory notifications of disease. It is unfortunate, however, that only a small number of the illnesses responsible for disease are notified to us in this manner. For the other illnesses remember we must depend on death certificates and the help of the returns of the Ministry of National Insurance - although these are a remote and delayed method of acquiring statistics and trends in disease.

In many other ways the Annual Report of the Medical Officer of Health may be taken to be a report of the state of public conscience with regard to disease and the other social evils that befall our community. For what is slum clearance, re-housing, nuisance abatement, care of the mother and child but the public conscience at work to repair and prevent the ravages of social defects on the health of the community. That makes the composition of our Annual Report a happy as well as an arduous task.

MATERNITY AND CHILD WELFARE

To start at the beginning, therefore, let us look at this side of our administration. Primarily Maternity and Child Welfare is a function of the West Riding County Council who run our local Maternity and Child Welfare clinics. One clinic in Queensbury and one in Shelf serve the community with a health visitor each and a shared midwife under the capable guidance of the Divisional Medical Officer. The premises which they engage for this most deserving work could hardly be less suitable in Queensbury - a cricket pavilion, no less, in the side lines of our local excellent cricket pitch. I need say little more about the approaches and the local accommodation. It is grossly unsuitable and the West Riding County Council are fully alive to its unsuitability. I do hope that this Council will be able to get together with the West Riding County Council in the finding of more suitable accommodation for this very important work.

Now that housing conditions continue to improve in Queensbury and Shelf we hope to have more and more of the normal deliveries done at home and I am sure that improved clinic premises would help in this matter. Excellent co-operation exists between the district midwife, the clinic doctors and the practitioners in the care and attention meted to expectant nursing mothers. The post-natal visits of the health visitor, especially in first babies, help a great deal in dealing with the early problems of the newly arrived baby in the ~~houses~~ *home*.

These and other matters associated with the Maternity and Child Welfare service of the West Riding will be more adequately dealt with later in the report.

SECTION 47 NATIONAL ASSISTANCE ACT 1948

Under an amendment to this Act, if the Medical Officer of Health and another practitioner certify that, in the case of a person to whom Section 47 National Assistance Act applies, it is necessary that he should be removed without delay from the premises in which he is residing, an application for a removal order can be made to a Court of Summary Jurisdiction or a Magistrate without the seven days' notice required to be given to the person to be removed under the original Act.

This Act applies to cases of those suffering from -

(1) Chronic and serious disease or aged infirm or physically handicapped and living in insanitary conditions.

(2) Those unable to devote to themselves, or not receiving from others, proper care and attention.

To carry out this Act, close co-operation exists between this Health Department and the Divisional Welfare Services of the West Riding County Council.

It should be added that although often tempted we have never found it necessary to invoke this Act. Other ways have been found to deal with such cases without recourse to statutory powers.

HOUSING PROGRESS

As will be seen from the figures given by the Housing Manager later in this report, the Council have, since 1946, erected -

16	Bungalows
72	Flats - two bedroomed
134	Houses - two and three bedroomed
222	

It would appear from the above details that we, in Queensbury and Shelf, have a wonderful record. We have every right to be proud of our progress, and it is well perhaps to go back and examine this progress so that we can decide wherein our greatest need now lies. In outline we ought to decide on our future housing policy.

On 3rd November, 1953 the Government published a white paper - "Houses - The next step", the proposals of which were called "Operation Rescue" and are now embodied in the Housing Repairs and Rents Act 1954.

The gist of these proposals has already been placed before you and I will not repeat them here. However, under the Act we have been advised by the Minister that much of our property will continue to provide slum areas of the future unless plans are set up to prevent further dilapidations. The time has come then for us to look at our older buildings to see how many can be made habitable within the minimum standards now prescribed, at a far less cost to the community than further new buildings. Re-housing should not of necessity mean a new house, but an adequate house with good amenities and minimum hygienic standards of decency.

Since the number of two-bedroomed houses, in other words our flats, are only suitable to re-house -

(1) husband, wife and one child, or
(2) husband, wife and two children of same sex

they do not relieve a great amount of our overcrowding and, therefore, do not constitute an answer to overcrowding at all as far as our worst cases go. We should never forget that re-housing is primarily to relieve overcrowding and it should be reasonably easy for a husband, wife and one child, or two children of the same sex, to find accommodation, especially if the older houses were made habitable and suitably 'fit' from a housing standards point of view.

To relieve overcrowding due to the very large family, the occasional four bedroomed house is a real need.

We feel that the proportion of old folk's bungalows erected added to the number erected pre-war represents a very satisfactory proportion of the total houses erected by this Council. To re-house increasing numbers of older folks in Council bungalows is not financially possible or medically a sound policy.

With regard to tuberculosis, it should be noted that people suffering from this disease do not always constitute a prima facie case for re-housing. Adequate housing with a separate bedroom is almost a minimum, but nowadays with adequate attention and the close watch of an after-care committee much can be done to keep these individuals in their own houses if conditions are satisfactory.

FOOD HYGIENE

Food hygiene continues to prosper. The local Guild of Food Hygiene, founded some years ago under the auspices of the Health Department, was brought into this world of ours at the hands of Mr. Shelley and has continued to thrive. It has raised the standards of food handling and has kept the principle of cleanliness in food preparations uppermost amongst all its members. The principle of "no dogs in food shops" has been adopted to the great benefit of the public in general.

In this day to day work of the Health Department, many people help to share the burden and ease the load. First amongst these kind people I find Mr. W. E. Shelley a stalwart whose co-operation has made my duties at all times a pleasure. He is a fund of information in public health, law and administration and I find his help always at hand. Dr. F. Appleton has shown what real liaison between health departments can be, and the smooth working of the two departments is in no small measure due to his zeal. Mr. Drake, our Waterworks Manager, has always facilitated us in the investigation of matters regarding water supply, and we have found his advice of great practical value on many occasions. Mr. Hall our Surveyor, Mr. Muse our Housing Manager, and Mr. Hawkes our Clerk have at all times given me their courtesy and have helped to settle many a problem.

ENVIRONMENTAL DESCRIPTION OF THE AREA

Area (in Acres)	2,795
Population	8,887
Average number of persons per acre	3.18
Number of inhabited houses	3,474
Average number of inhabited houses per acre	1.24
Average number of persons per house	2.55
Rateable Value	£39,365
Product of penny rate	£150
Rate in the pound	26/-

The area is made up of the old Urban Districts of Queensbury and Shelf, which were amalgamated in 1937. Queensbury lies across the Bradford-Halifax Road (A.647), Shelf across Bradford-Manchester Road (A.6036), the two areas being joined by the Brighouse-Keighley Road (A.644).

The combined area is bounded on the north and east by Bradford County Borough, on the west and part of the south by Halifax County Borough, the remaining southern boundary meeting the Borough of Brighouse.

The area is mainly high and exposed, the northern tip of the district being actually named "Mountain" as it is at an altitude of some 1,200 feet above sea level. The average altitude of Queensbury is about 1,100 feet, while that of Shelf is about 850 feet. The village of Queensbury is situated on a high eminence overlooking Bradford and Halifax about midway between the two towns with extensive views in all directions, especially from Mountain. From this eminence Penyghent, Ingleborough and Whernside, forty miles away, are clearly seen in the north-west. There is probably a no more populous place at a greater elevation in England than Queensbury.

Shelf is rather less hilly, with an area of 1,303 acres and is divided into two distinct watersheds. The first includes Shelf village, Shelf Moor, and drains naturally into the stream named Woodfall Beck. The other water shed includes the hamlet of Stone Chair, Lower Shelf, and Lumb Brook, and drains naturally down to Lumb Brook, the land falling regularly from N.W. to S.E.

The exposure rating of this area by the Institute of Heating and Ventilating Engineers is "Severe", the number of degree days being about 5,500 for an internal temperature of 65°F. and external temperature of 30°F.

Rainfall is about 50 ins.

Geologically, the district has little of importance. A narrow strip of the millstone-grit which forms the main mass of the Pennine Chain crosses on the western boundary of Queensbury, the rest of the area being covered by sandstone except for an area stretching from the neck where the two areas were joined to a line running almost east-west from Stone Chair to Green Lane.

Apart from the western strip of millstone-grit already mentioned, the area lies on the Lower Coal Measure which forms the West Riding Coalfield. The Coal Measure, consisting of shales, sandstone, coal and underclays, occurs in a basinlike fold, with its axis running north-north-west to south-south-east, the whole basin having an eastward tilt. Thus the approach to the northern and western edges of the basin is marked by one seam after another, curving up to the surface and ending, until a stage is reached at which mining is uneconomical. It is on this western edge that the district lies, and there are at present no mines in operation in the area although one mine was worked for some years in Queensbury and there are some old "Bell pits" in a restricted area at Shelf. There is practically no risk of subsidence from mining operations and little loss of amenity by reason of spoil heaps.

By far the greater loss of amenity has been caused by the working of the sandstone mentioned above, at a time when rapid but undirected growth was proceeding all over the area. From the haphazard growth of the nineteenth century has been received a legacy of narrow streets, back-to-back houses, badly placed works and ruined amenities which provides all the worst and most costly problems of modern town planning.

A certain amount of clay mining is taking place, but this, fortunately, does not impair the general amenities of the area.

Probably due to the poor soil yielded by the Coal Measures and climatic features referred to, agriculture plays little part in the life of the district, dairy farming and stock raising being the principal occupations of the farming community.

As might be expected from the situation of the district, the textile industry is the most important one in the area. Two centuries ago nearly every house had its own loom and spinning wheel, and today most families in the area have some connection with the trade. Probably Black Dyke Mill, originally built in 1835, has been the greatest single factor promoting the growth of Queensbury. Three other mills are located in Shelf. In connection with amenities, it is is pleasing to note that electrification of at least one mill is in progress, a process which will no doubt reduce the amount of smoke emitted from the mill.

There are two parks in Queensbury, totalling 9.00 acres, 6.00 acres of which are for games only, a private golf course of 31.5 acres, three recreation grounds totalling 10 acres, and 7.20 acres of allotments.

There are no common lands in the area.

Just before the outbreak of war, Littlemoor Park, belonging to the Foster estate, was gifted to the Council, and is being developed as a public park. The area is 28 acres.

VITAL STATISTICS

DEATH RATES

The mortality rate has been more than halved in the past 100 years. Infantile mortality is 1/6th of what it was 100 years ago, and death in childhood years 1/14th of what it was. Over 15 years, the death rate is $\frac{3}{4}$ of what it was 100 years ago. Tuberculosis death rates for men have fallen to 0.00 and 0.11 for women, per 1,000 of population. Pneumonia death rate 0.00 for men and 0.11 for women this year.

Intestinal infections - insignificant now - were great killers, also typhoid and paratyphoid. Now the great killers are heart disease and cancer.

Tuberculosis, intestinal conditions and violence are of great priority in prevention, first, because -

(1) they kill the young babies, the young worker and family provider.

(2) because much is known as to the methods of prevention.

With less tuberculosis and intestinal infection the loss from violence appears greater.

Pneumonia is still an infant killer as well as 'the old man's friend', as it was known in bygone days, when, indeed, it was very often extremely fatal at both extremes of age.

TABLE 1.

VITAL STATISTIC - DEATHS - 1953

	M.	F.	Total
Deaths	47	52	99

Crude Death Rate: 11.1 per 1,000 of estimated resident population.

Comparability Factor: 0.97

Adjusted Death Rate: 10.8

Deaths from Maternal Causes:-

	Deaths	Rate per 1,000 total (live & still) Births
Puerperal Sepsis	-	-
Other Maternal Causes	-	-

Infant Mortality (Deaths of Infants under 1 year of age):-

	M.	F.	Total
Legitimate	2	1	3
Illegitimate	-	-	-

Legitimate infants per 1,000 legitimate live births	22.6
All infants per 1,000 live births	22.14
Illegitimate infants per 1,000 illegitmate live births	-
Deaths from Diseases of the Heart and Circulation (all ages) per 1,000 of estimated population	5.06
Deaths from Cancer (all ages) per 1,000 of estimated population	1.91
Deaths from Measles (all ages) per 1,000 of estimated population	-
Deaths from Whooping Cough (all ages) per 1,000 of estimated population	-
Deaths from Vascular Lesions of Nervous System	1.01
Deaths from Diarrhoea (under 2 years of age) per 1,000 live births	-
Deaths of infants under 4 weeks per 1,000 live births	22.6

In a district such as ours, with the total number of deaths at all ages during the year being 99, it is useless to quote death rates as such as our numbers are so small. Instead we quote the actual number of deaths which took place and the ages at which they occurred. For death rate figures proper, we must quote the larger administrative County figures.

We have drawn up a graph in the form of a histogram to make the number of deaths and the ages at which they occurred appear more obvious to the less statistically minded. From this simple histogram it will be noted that out of a total of 99 deaths there were only three infant deaths, two of them occurring on the first day of life (c.f. in 1907, the date of our earliest records, there were 21 infant deaths). These three infants died from congenital defects and prematurity.

There were no deaths in the district during the year 1953 between the ages of one year and twenty years. One male died from nephritis aged 24. There were no deaths again until the age of 40 years. From this age onwards, the pattern of our deaths conforms to the national pattern.- disease of the heart and blood vessels taking the greatest toll, followed by cancer of various sites taking a close second place. The greatest number of deaths centre round the 75 mark and at this age disease of the heart and blood vessels is our greatest killer.

Other points worth noting include the fact that nowadays so little of the infectious diseases kill. We had only one death from respiratory tuberculosis, and only one from pneumonia, and that, too, at over 70 years of age, out of a total of 57 notified cases of pneumonia. Truthfully speaking, pneumonia is no longer the 'old man's friend' that it used to be in the past. This indeed is a handsome testimonial to the credit of many agencies at work to preserve life and maintain health.

The Public Health Department occupies a high position in the prevention of early death, especially infant deaths. It is known that the factors that caused the high number of infant deaths in the past were, primarily, environmental influences such as - overcrowding, poor domestic hygiene, etc. These faulty home conditions gave rise to the great infant killers, viz. congenital debility, diarrhoeal diseases and respiratory diseases such as bronchopneumonia and tuberculosis. These diseases we have eradicated not by "wonder drugs" but by conscientious and sustained effort to relieve overcrowding, and to improve the sanitary amenities of the area. Together with these measures, improvement in the care of expectant and nursing mothers by the Maternity and Child Welfare Department of the County Council has gone hand in hand with the over all improved medical care under the National Health Service Act.

If this report had been for the year 1853 instead of 1953, assuming for easy reckoning that our population was 9,000, we should have now been reporting -

Deaths from all causes	210
Deaths from Typhoid	3
Deaths from Diarrhoea and Enteritis	12
Deaths from Tuberculosis	22
Infants dying per 1,000 live births at the 1853 birth rate (approx.)	40

Even in 1907, the date of our earliest records, the number of deaths and ages at death were as below -

Under 1 year	21
1 - 5 years	8
5 - 15 years	7
15 - 25 years	1
25 - 65 years	31
65 years and upwards	36
	104

Compare this distribution of deaths by age with the diagram on page 8.

DIAGRAM SHOWING NUMBERS OF DEATHS BY AGE GROUPS

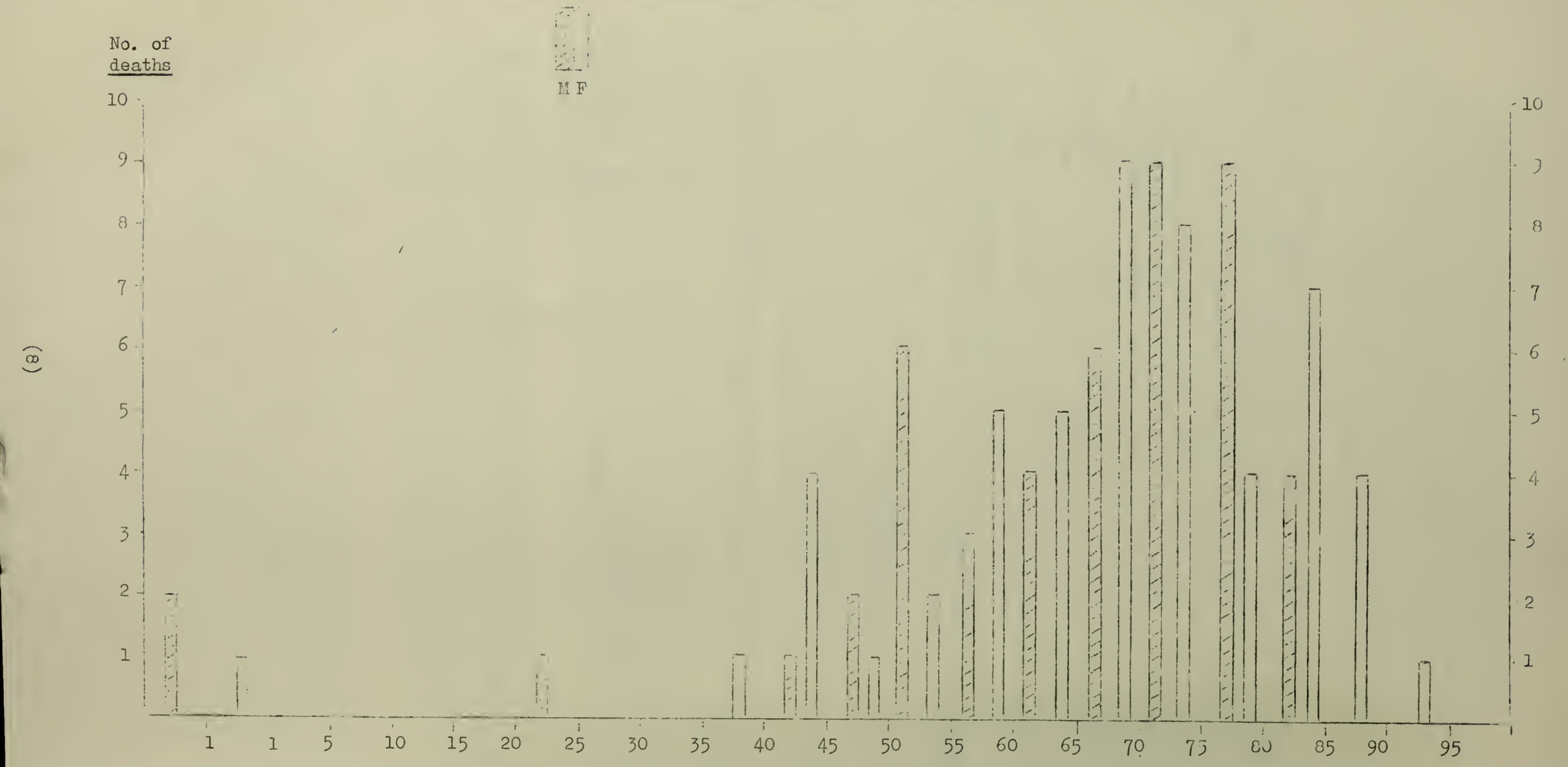

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TABLE 2.

CAUSES OF DEATH OF QUEENSBURY AND SHELF RESIDENTS IN 1953

	Causes of Death	1953 M.	1953 F.	1953 Total
1.	Tuberculosis - respiratory	-	1	1
2.	Tuberculosis - other	-	-	-
3.	Syphilitic disease	-	-	-
4.	Diphtheria	-	-	-
5.	Whooping Cough	-	-	-
6.	MeningoCoccal Infections	-	-	-
7.	Acute Poliomyelitis	-	-	-
8.	Measles	-	-	-
9.	Other infective and parasitic diseases	-	-	-
10.	Malignant neoplasm stomach	5	-	5
11.	Malignant neoplasm, lung, bronchus	1	-	1
12.	Malignant neoplasm, breast	-	3	3
13.	Malignant neoplasm, uterus	-	-	-
14.	Other malignant and lymphatic neoplasms	1	7	8
15.	Leukaemia and aleukaemia	-	-	-
16.	Diabetes	-	-	-
17.	Vascular lesions of nervous system	1	8	9
18.	Coronary disease, angina	13	12	25
19.	Hypertension with heart disease	3	1	4
20.	Other heart disease	3	6	9
21.	Other circulatory disease	4	3	7
22.	Influenza	-	-	-
23.	Pneumonia	-	1	1
24.	Bronchitis	5	3	8
25.	Other disease of respiratory system	1	-	1
26.	Ulcer of stomach and duodenum	1	-	1
27.	Gastritis, enteritis and diarrhoea	-	1	1
28.	Nephritis and nephrosis	2	1	3
29.	Hyperplasia of prostate	2	-	2
30.	Pregnancy, childbirth, abortion	-	-	-
31.	Congenital malformations	1	-	1
32.	Other defined and ill-defined diseases	3	4	7
33.	Motor vehicle accidents	-	-	-
34.	All other accidents	1	1	2
35.	Suicide	-	-	-
36.	Homicide and operations of war	-	-	-
	Totals	47	52	99

TABLE 3 TABLE SHOWING NUMBERS OF DEATHS DUE TO SPECIFIED CAUSES AND AGE AT DEATH

Diseases	AGE GROUP																		TOTAL	
	Under 1 year		1 - 20		21 - 25		26 - 35		36 - 45		46 - 55		56 - 65		66 - 70		Over 70			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis - respiratory										1										1
Malignant neoplasm stomach											2				1		2		5	
Malignant neoplasm, lung, bronchus											1								1	
Malignant neoplasm, breast														1		1		1		3
Malignant neoplasm, others												2		1	1	4			1	7
Vascular lesions of nervous system																2	1	6	1	8
Coronary disease, angina											3		4	5	2	1	4	6	13	12
Hypertension with heart disease											1						2	1	3	1
Other heart disease													2	1			1	5	3	6
Other circulatory disease										1							4	2	4	3
Pneumonia																		1		1
Bronchitis										1	1	1	1		2		1	1	5	3
Other respiratory disease									1										1	
Ulcer of stomach																	1		1	
Diarrhoea, etc.																1				1
Nephritis and nephrosis					1					1			1						2	1
Hyperplasia of prostate																	2		2	
Congenital malformations	1																		1	
Other defined and ill-defined diseases	1	1								1	1						1	2	3	4
Accidents other than motor											1							1	1	1
TOTALS	2	1			1				1	5	10	3	8	8	6	9	19	26	47	52

BIRTH RATES

TABLE 4

VITAL STATISTICS - BIRTHS - 1953

Live Births -

	M.	F.	Totals
Legitimate	75	58	133
Illegitimate	2	-	2
Total	77	58	135

Crude Birth Rate: 15.0 per 1,000 of estimated resident population.

Comparability Factor: 1.00

Adjusted Birth Rate: 15.0

Still Births -	M	F	Totals
Legitimate	2	-	2
Illegitimate	-	-	-
Total	2	-	2

Still Birth Rate per 1,000 total (live and still) births: 14.8.

TABLE 5

BIRTHS - 1953

TABLE SHOWING PLACE OF CONFINEMENTS

Quarter Ending	Males		Females	
	Domiciliary	Institution	Domiciliary	Institution
31 March 1953	7 1 still	12	7	9
30 June 1953	9	11 1 still	3	13
30 Sept. 1953	5	14	7	7
31 Dec. 1953	6	13	3	9
Totals	27	50	20	38

TABLE 6.

ANNUAL REPORTS OF MEDICAL OFFICERS OF HEALTH - 1953

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1953.
Provisional figures based on Quarterly Returns.

	England and Wales	Queensbury and Shelf	Aggregate of West Riding Urban Districts
Births -	Rates per 1,000 Home Population		
Live Births	15.5	18.0	15.5
Still Births	0.35	0.11	NA
	22.4 (a)	14.8 (a)	23.8 (a)
Deaths -			
All Causes	11.4	11.1	12.6
Typhoid and Paratyphoid	0.00	0.00	NA
Whooping Cough	0.01	0.00	NA
Diphtheria	0.00	0.00	NA
Tuberculosis	0.20	0.11	0.19
Influenza	0.16	0.00	NA
Smallpox	0.00	0.00	NA
Acute poliomyelitis (including polioencephalitis)	0.01	0.00	NA
Pneumonia	0.55	0.11	NA
			Aggregate of West Riding County Council
Notifications (Corrected) -			
Typhoid fever	0.00	0.00	0.00
Paratyphoid fever	0.01	0.33	0.01
Meningococcal infection	0.03	0.00	0.02
Scarlet fever	1.39	3.63	1.88
Whooping Cough	3.58	3.52	3.66
Diphtheria	0.01	0.00	0.00
Erysipelas	0.14	2.09	0.19
Smallpox	0.00	0.00	0.01
Measles	12.36	2.75	12.47
Pneumonia	0.34	6.27	NA
Acute poliomyelitis (including polioencephalitis)			
Paralytic	0.07	0.22	0.06
Non-paralytic	0.04	0.09	0.02
Food poisoning	0.24	1.10	NA
Puerperal pyrexia	18.23 (a)	7.30 (a)	NA
Deaths -	Rates per 1,000 Live Births		
All causes under 1 year of age	26.3	22.14	NA
Enteritis and diarrhoea under 2 years of age	1.1	0.00	NA

(a) per 1,000 total (live and still) births

NA not available

INFECTIOUS AND OTHER DISEASES

TUBERCULOSIS

During the year there were six new cases of tuberculosis added to our register. The number of cases in our tuberculosis register amounts to 47. There are well over a quarter of a million cases of tuberculosis registered throughout England and Wales, and it has been calculated that at least 50,000 more cases exist throughout the country that have not yet been notified. Of these 50,000, perhaps 20,000 are excretors of living tubercle bacilli, and these constitute a great hazard to the population, especially to the young children.

To meet this hazard, the most perfect remedy would be to Mass X-ray the entire population. This, of course, would be impossible from a financial and administrative aspect, but a less spectacular method is the full investigation of all contacts of children who are discovered to have tuberculosis, or who are positive reactors to the tuberculins test. This method is cheaper and more reasonable, in that it is a scientific method of approach and far superior to blunderbuss wholesale mass miniature X-ray. Indeed, this very method is being employed in a nearby division of the West Riding, where a survey is being carried out on children, and, where any child is found to be a positive reactor, or suffering from tuberculosis, a full investigation of all the contacts is made. This very often gives satisfactory results in tracing down previously unidentified cases in adults.

It has been said that tuberculosis will disappear as a disease in our life-time, because we have such efficient drugs and chest clinics in the management of these cases. It is, however, unlikely that this will happen, as up to the present day no disease has disappeared from the earth by treating all the known cases. Eradication of this disease, like almost any other infectious disease, lies in prevention. It must be remembered that diseases like cholera, typhoid, plague and smallpox were all, more or less, eradicated from our shores with scant help from the treatment side.

In recent years it will be noticed that the tuberculosis death rate is falling to a remarkable degree, and the chest physicians and thoracic surgeons are entitled to great credit for this fine record, but in spite of these facts there is a marked increase in the number of notified new cases. Part of this increase is, no doubt, due to increased awareness of the disease amongst the public in general and to more adequate diagnostic facilities, but that is not the whole story. Above and beyond this, there seems to be a real increase in the incidence of the disease and this points to defective methods of prevention. We are liable to be lured into a false sense of security by our falling tuberculosis death rate, to the detriment of our preventive measures.

First and foremost amongst our preventive measures must be the notification of all cases, whether they be pulmonary or glandular types. I would like to see far more cases of suspect tuberculosis notified so that a more widespread investigation of all possible factors can be undertaken. Now that tuberculosis work is vested so much in the hands of the chest physicians, there is a tendency to overlook elusive glandular tuberculosis which is so often a bovine type, and therefore involves investigations of milk supply and herds to eradicate positive reactors, and thereby prevent further damage being done to unsuspecting raw milk drinkers.

Next in our preventive measures comes the adequate housing of each person suffering from tuberculosis - at least in a separate room in a suitably ventilated house - in other words, isolation of infectious cases, so that the rest of the family and contacts can be suitably dealt with. The care and treatment of each case involves close co-operation between the chest physician, hospital authorities, the general practitioner and the tuberculosis health visitor.

Nowadays when many cases of tuberculosis are treated in their own homes, much consultation exists between the chest physician, the health visitor, Mr. Shelley and myself to see that adequate housing facilities are available.

In Queensbury and Shelf we have re-housed 6 tuberculosis families. In this disease, more than any other, a new house is synonymous with new hope.

TABLE 7

TUBERCULOSIS - New Cases and Mortality during 1953

Age Periods	New cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 10	-	-	-	-	-	-	-	-
10 - 15	-	-	-	-	-	-	-	-
15 - 20	-	1	-	-	-	-	-	-
20 - 25	1	1	-	-	-	-	-	-
25 - 35	-	1	-	-	-	-	-	-
35 - 45	-	-	-	-	-	1	-	-
45 - 55	2	-	-	-	-	-	-	-
55 - 65	-	-	-	-	-	-	-	-
65 and upwards	-	-	-	-	-	-	-	-
Totals	3	3	-	-	-	1	-	-

Death-rates per 1,000 estimated population

	Queensbury and Shelf	England and Wales	Aggregate West Riding Urban Districts
Tuberculosis of Respiratory System	0.11	0.18	0.17
Other forms of Tuberculosis	0.00	0.02	0.02
Respiratory Diseases (excluding T.B. of Respiratory System)	1.14	No figures available	1.39

Number of Cases on Tuberculosis Register - 31st December, 1953

Pulmonary

Males 33 Females 14

TABLE 8

SHOWING AGE AT NOTIFICATIONS OF CASES ON REGISTER

	Age at notification - years								
	0 - 15	16 - 20	21 - 25	26 - 35	36 - 45	46 - 55	56 - 65	Over 65	Total
M	-	2	2	10	7	9	2	1	33
F	-	1	5	4	1	1	1	1	14

Because of the decreased death rate from tuberculosis, there must, of necessity, be an increase in the pool of infectious cases, a greater number of possible sources of infection to the general population. This increased pool of infectious cases shows the need for further strengthening of our preventive measures.

Further to this, I might mention that we try to obtain, at a minimum, two samples per year of raw milk sold in this area for biological test. The optimum number would be four samples per year, but laboratory facilities necessitate the curtailing of such routine biological tests.

The Public Health (Tuberculosis) Regulations, 1952 altered the Regulations of 1930, the new Regulations no longer requiring a Medical Officer of Health of a District Council to keep a register of tuberculosis notifications.

Although we are expected to be aware of the number of cases of tuberculosis, the responsibility for keeping a record of the notifications themselves rests with the County Medical Officer. Together with this, a Tuberculosis Register is kept by each chest clinic.

Another alteration due to the new Regulations removes the necessity for a sanatorium or hospital to provide information of a tuberculous patient entering or leaving such an institution.

Beacuse of the disruption of the complete management, including care and prevention, we are finding great difficulty in attending to the elementary details of local sanitary requirements. We have taken this matter up with the Chest Clinic and the Divisional Health Office, and they have assured us that all future help will be given with overall management of this side of the work

SMALLPOX

During February - March of this year, an outbreak of smallpox occurred in an area extending from Todmorden, Bacup, Bury, and Oldham to Leeds. In this outbreak, twenty-two cases of smallpox occurred with four deaths. During this period we were kept well informed by the surrounding boroughs as to the state of infectious cases and the care and follow-up of contacts. The panel of smallpox Consultants appointed by the Ministry of Health got the epidemic under control, and their conclusions were that the infection probably started in the Mersey area, presumably introduced from abroad. Much vaccination was done in all areas, and that, in itself, was a good thing as it helped to increase the number of immunised in the local populace.

It is a great pity that since the introduction of the National Health Act there is a marked drop in the numbers of children who are primarily vaccinated in infancy. This will show itself as the years go by in an ever increasing number of susceptibles to smallpox in our community.

SCARLET FEVER

During the months of April and May, much infection occurred in the district in the form of sore throats due to the Haemolytic Streptococcus. We calculated that as much as 50% of the acute infections during that period were due to this infection. It is interesting to notice that during that period only one case of scarlet fever occurred. This bears out the fact that although most throat infections are due to the Haemolytic Streptococci, a different type of this specific germ is necessary to give rise to scarlet fever.

In our area it has been noticed, as indeed elsewhere, that scarlet fever is a mild disease not associated with serious after-effects, if adequate anti-biotics in the form of penicillin are used to treat each case.

We continue to keep most of our scarlet fever cases at home, and have only found it necessary to remove cases to hospital, not because of the seriousness of the disease itself, but by reason of the inadequate domestic facilities for isolation and treatment in the home.

We do not now, as a routine, do any disinfection after scarlet fever, but advise adequate airing of the room, washing of the bedding, and thorough cleansing of the house.

FOOD POISONING

In June and July, many areas in Lancashire and Yorkshire were affected by food poisoning outbreaks, so we instituted ar intensified clean food campaign in the form of posters and handbills placed throughout the district and distributed amongst the food handlers and the householders in the district. We had no food poisoning during the period which followed.

It is not suggested that we actually prevented any subsequent outbreak, but the possibility of an outbreak during the late summer had to be borne in mind, and appropriate action was taken to prevent any that might occur.

Food poisoning occurs as -

(1) an outbreak - two or more related cases in different families.

(2) family outbreaks - two or more related cases in same family.

(3) sporadic case - single case unrelated to any other case.

Late notifications are the great drawback to full investigation and determination of causal agent.

Many districts, practitioners, etc. may, or may not, be as food poisoning conscious as other districts, and, indeed, varying facilities are available for laboratory investigation.

Since the commonest vehicle of food poisoning consists of processed or made-up meat food, we may well be spared many future cases of food poisoning because of the greater amount of fresh meat available nowadays.

From our small number of notifications of food poisoning, little can be said in the way of conclusions, but I would say that, throughout the country as a whole, all our efforts at improvement of food handling and hygiene have had little, if any, effect on the general trend of food poisoning.

Apart from processed or made-up foods, the next important vehicle is the infected duck egg. Heating the duck egg for ten minutes to 100°C. kills the infection, but much infection can take place by the use of the duck egg to make other dishes or by using frozen duck eggs.

In spite of everything, poor methods of food handling persist. Cakes with artificial cream - a great vehicle of infection - are handled when they could be picked up with tongs. Cooked ham and other pre-cooked food is carelessly passed from counter to wrapper.

The problem of cats in food shops needs further inquiry, for, apart from the possibility of infection, they frequently contaminate the food with excrement.

Taking it alround, food is still carelessly handled and food handlers are not as clean as they might be. We should educate the housewife in clean food so that she will reject food improperly handled by unclean shop assistants.

SUMMARY OF CASES OF FOOD POISONING AS REQUIRED BY MEMO. 188 MED. OF MINISTRY OF HEALTH

APPENDIX D (i)

1. County District:- Queensbury and Shelf Urban District Year 1953

2. Food Poisoning Notifications (Corrected) Returned to Registrar General

First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
3	3	1	1	8

3. Outbreaks due to identified agents

Total outbreaks - Nil Total cases - Nil

Outbreaks due to:-

(a) Chemical poisons	Nil
(b) Salmonella organisms	Nil
(c) Staphylococci (including toxin)	Nil
(d) Cl. botulinum	Nil
(e) Other bacteria	Nil

4. Outbreaks of undiscovered cause

Total outbreaks - Nil Total cases - Nil

5. Single Cases

Agent identified	Nil
Unknown cause	8
Total	8

APPENDIX D (ii)

Outbreaks - Nil

DIPHTHERIA

In England and Wales the incidence of diphtheria has been as follows:-

1944	Cases	23,199	Deaths	934
1953	Cases	240	Deaths	24

During the ten years subsequent to the introduction of mass immunisation of children against diphtheria, the following were the figures for Queensbury and Shelf. It will be noted that during the last 5 years we have been without a single case.

	Cases	Deaths
1944	8	1
1945	4	-
1946	2	-
1947	2	-
1948	4	-
1949	-	-
1950	-	-
1951	-	-
1952	-	-
1953	-	-

This is now a disappearing disease, and many nurses, and even doctors who are now in practice, have never seen one single case. These wonderful figures can only be maintained and improved upon by aiming at 75% immunised child population, by immunisation of babies before their first birthday, and with booster doses on starting school. On the figures for last year, the country is 31.5% immunised, a disturbingly low level of artificial immunity, and we must, by every means in our power, impress on the mothers the necessity of immunisation at a very early age, lest the low level of immunisation gives rise to further outbreaks of this disease.

WHOOPING COUGH

Combined Diphtheria and Whooping Cough Together with the rest of the country, we have noted a decline in the incidence of whooping cough. Although the County Council has not generalised the use of whooping cough immunisation, many children in this area have now been immunised. simultaniously against these two diseases.

POLIOMYELITIS

This is a disease from which we have been particularly free for many years. During the year 1953 we had 2 cases, in 1952 1 case, and none for the previous 7 years. Fortunately they were not associated with a severe residual paralysis. Briefly, this disease is due to a virus of which there are three varieties. It is a very infectious disease and the virus inhabits the mouth, nasopharynx and especially the intestinal canal of the infected person. It can be seen how easily the virus is spread by infected droplets from the infected person contaminating hands, handerchief, food and other articles closely connected with the infected case. The virus is also excreted in the bowel motions of the infected person, and some small particles of faeces contain large infected doses of virus capable of infecting others by contaminating food, drink and other articles. Thus, the mode of entrance is via the mouth to the intestinal canal of the next case. For each case of detectable poliomyelitis in the community, there may be upwards to one hundred persons infected by the virus, and there are especially people in close contact with the detected case. Now these are the people who spread the disease, because, by reason of their being up and well, they mix freely with others, and even though they are not suffering from any demonstrable illness they often cause devastating illness amongst their contacts.

It is advised that all contacts of known cases should be quarantined to 'house and garden' for three weeks from the latest date of possible infection, i.e. from the date of removal of the infectious case to hospital.

During this quarantine period, rest, scrupulous hygienic measures in care of hands, food preparation and toilet use should be observed. Any feeling of being 'off colour' should be reported to the doctor so that adequate supervision and observation can be made.

As it may take years yet before any reliable method of active immunisation can be instituted, control of this disease can best be accomplished by well-established preventative methods, viz. -

(1) Isolation of detected cases as early as possible.

(2) Quaratine for at least three weeks of all contacts.

(3) Education of the public so that each individual may do his best to remain free from the infecting virus.

To accomplish this, it is well to remember that, primarily, the virus inhabits the mouth region and the bowel, and is spread from them to the mouth and subsequently the bowel of the next person. From thence, the virus enters the blood and thereby attacks the brain and nerves of the body. During the early days of the disease a mild influenza-like illness occurs. This is the time when complete rest in bed and medical supervision can do much to lessen the attack of the disease. The more attention at this phase, the less the subsequent disease will occur. People in this stage of any illness have a duty to themselves and to others to take precautions so that less serious disease does not arise. It is a great pity that the onset of this disease is not accompanied by a rash, as any skin condition seems to send patients post haste to seek medical advice. There is probably the old scarlet fever scare still alive in the public mind. However, we shall have to instal the same healthy respect for the early signs of a possible poliomyelitis as we had in the past for the rash and sore throat of scarlet fever.

In Queensbury and Shelf we have adopted a modus operandi as a method of dealing with a possible outbreak of poliomyelitis. We have similar arrangements for other diseases such as smallpox and the typhoid and paratyphoid group. These arrangements include:-

(1) Notification of general practitioners in the event of any outbreak.

(2) Notification of neighouring Health Authorities as well as the Ministry of Health and County Health Authorities.

(3) Engaging the help of the Public Health Laboratory, Bradford, and the local consultants especially interested in poliomyelitis.

(4) Attempting quarantine measures with regard to contacts. It will be remembered that we have no statutory powers in this connection - or indeed with the isolation of the notified cases for that matter.

(5) We have adopted the Ministry of Health's form of Poliomyelitis (Infantile Paralysis) -'Advice to Contacts'. This is a leaflet designed to advise each contact on personal preventive measures. It would be sent by hand to each family of contacts, or each individual contact, as the case may be.

PUERPERAL PYREXIA

In June, one case of puerperal pyrexia occurred. It was a case associated with an otherwise normal confinement. It cleared completely with penicillin therapy. I must add that in the past five years only two cases of puerperal pyrexia were notified in this area. Although this speaks very highly of the standards of domiciliary midwifery, it also suggests that this condition is grossly under notified, as a much greater amount of notifiable pyrexia within

the meaning of the Puerperal Pyrexia Regulations must of necessity occur. Indeed, one of the most noticeable features of the notifiable diseases is that there are insufficient notifications. Other faults in notifications of disease include too late notifications - too late to investigate the possible source, e.g. food poisoning notified 14 days after its occurrence.

Until 1st August, 1951 Puerperal Pyrexia meant 'any febrile condition occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100.4°F. or more has been sustained during a period of 24 hours or has recurred during that period'. The Puerperal Pyrexia Regulations 1951, which came into force on that date, amended the definition to read 'any febrile condition occurring in a woman to whom a temperature of 100.4°F. or more has occurred within fourteen days after childbirth or miscarriage'.

The purpose of this amendment appears to have been to circumvent the suspected practice of using the anti-biotics to control any pyrexia immediately it occurs, thereby evading the necessity of notifying the pyrexia condition by controlling it within the time limit laid down by the Minister.

ENTERIC GROUP OF DISEASES

We have under surveillance three cases in one family who are carriers of paratyphoid B.

INFECTIVE HEPATITIS

This is a disease which is becoming increasingly common in this district. It is due to a virus and causes illness associated with jaundice in most cases, although milder subclinical cases do occur in which the jaundice may be so mild as to be missed. It is reputed to be as contagious as typhoid or paratyphoid, and, since the typhoid group of diseases are amenable to treatment with the newer anti-biotics, we must needs take greater notice of this form of hepatitis which has evaded all attempts at direct treatment of the causative organism.

The disease is not notifiable in this area, although in other areas of Great Britain it is a notifiable disease. Itwould appear that, to study the epidemiology of this disease, notification may be the first step to be taken so that a basic pattern of spread may be outlined and followed. It causes varying amounts of liver damage amongst those who suffer from the disease, and it is possible that, later, sequelae may be occurring whose origin could now be foreseen if notification of each case was practised. Also vehicles of spread may be identified and other preventive measures adopted on a larger scale than at present.

At the moment the disease appears to be more common in younger people, especially the pre-school and school-going children. Co-operation with the school clinics and other branches of the National Health Service may help to eradicate this disease.

GENERAL

During the month of October, Dr. Valentine, Psychiatrist, gave a talk, which was a public one, to the Civic Society on "The Prevention of Mental Illnesses". The talk was of very high health educational value and was more than well attended. We hope that other aspects of health education can be dealt with next year.

During November there was a very cold spell of weather and there was a marked increase in the number of cases of pneumonia.

A noticeable feature of the autumn, winter and spring in this area is the great lack of sunshine associated with cloud mist and fog. This constitutes a health hazard especially to the children and young adults. I do hope that the institution of sun-ray therapy (ultra violet light) in our own Victoria Hall will be started by next autumn, so that children, at least, can be sent by their family doctor or clinic doctor to attend for short courses of this ultra violet light. It might even be possible to run sessions for adults under suitable circumstances during the coming winter if the Victoria Hall Committee and the West Riding County Council can see their way to grant us these concessions.

TABLE 9

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)

DURING THE YEAR 1953

Disease	Cases Notified	Total Deaths
Measles	25	-
Whooping Cough	32	-
Smallpox	-	-
Scarlet Fever	33	-
Diphtheria	-	-
Pneumonia	57	1
Erysipelas	19	-
Ophthalmia Neonatorum	-	-
Puerperal Pyrexia	1	-
Acute Poliomyelitis	2	-
Dysentery	9	-
Food Poisoning	10	-
Paratyphoid	3	-
Totals	191	1

TABLE 1C - MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1953

Month	Puerperal Pyrexia	Measles	Whooping Cough	Erysipelas	Food Poisoning	Scarlet Fever	Pneumonia	Poliomyelitis (Acute)	Gastro Enteritis	Sonné Dysentery	Tuberculosis	Para typhoid B.	Total
January	-	11	7	2	2	2	6	-	-	-	-	-	30
February	-	-	2	1	1	-	7	1	-	-	-	-	16
March	-	3	6	4	1	-	4	-	1	-	-	-	19
April	-	3	2	1	2	-	4	-	-	1	2	-	15
May	1	-	4	-	-	1	4	-	-	1	-	-	11
June	-	1	2	2	1	4	4	-	-	2	-	-	16
July	-	1	-	2	-	2	2	-	-	-	-	-	7
August	-	4	2	1	3	-	2	-	-	1	-	-	13
September	-	1	1	1	3	7	2	-	-	-	-	3	18
October	-	-	-	2	-	5	9	1	-	1	-	2	20
November	-	1	4	1	2	2	8	-	-	3	-	-	21
December	-	-	2	2	3	6	5	-	-	-	-	-	18
Totals	1	25	32	19	18	33	57	2	1	9	2	5	204

DIVISIONAL HEALTH SERVICE, BRIGHOUSE

We are indebted to Dr. F. Appleton, the Divisional Medical Officer, Brighouse, for a report on the services carried out by his department in Queensbury and Shelf. These services consist of Maternity and Child Welfare, Health Visiting, District Midwifery, District Nursing, Immunisation and Vaccination, and Care and After-care. These services are provided by the West Riding County Council under the National Health Service Act, 1946.

VACCINATION AND IMMUNISATION

Vaccinations carried out during the year ended 31st December, 1953 -

Ages	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 and over	Total
	31	10	17	41	87	186
Re-vaccinations			1	8	76	85

During March, April and May 1953, cases of smallpox occurred in neighbouring districts, and there were four at a General Hospital. The outbreak was tackled very promptly and all possible contacts were vaccinated, and, of the figures given above, 48 vaccinations were carried out at hospitals in the neighbouring County Borough. Many of the persons vaccinated were vaccinated during this period, and I am afraid that this is the principal reason why our figures this year are better. Since the epidemic died down it has again been difficult to persuade parents to have their children vaccinated at four months of age.

Diphtheria Immunisation - Number of children who had completed a full course of immunisation at any time up to 31st December, 1953

Age at 31.12.53	Under 1 year	1	2	3	4	5 - 9	10 - 14	Total
	3	44	79	83	106	597	442	1,354

Whooping Cough Immunisations carried out during the year ended 31st December, 1953

Ages	Under 6 months	6 months to 1 year	1 - 2	2 - 3	3 - 4	4 - 5	5 - 6	Total
	-	40	17	9	2	6	1	75

It has been our practice to vaccinate at four months of age, followed by immunisation against Whooping Cough, followed by Diphtheria Immunisation, so that the figures given for the number of children who have completed a full course only show a small number under one year of age, as only those who were under one year at the 31st December and were actually immunised in that year are included, and as it is extremely rare for a child to be immunised against Diphtheria under the age of eight months, this figure is necessarily small. There was no falling off in immunisation, however, and 90 children received initial immunisation and 80 booster doses were given during 1953.

The vaccination and immunisation figures include all vaccinations and immunisations carried out either at Child Welfare Centres, in the schools or by General Practitioners.

HOME NURSING SERVICE

Mrs. Shaw, the Home Nurse, made 3,323 visits to 161 medical and 42 surgical cases during the year.

It will be seen that almost the same number of cases were visited as last year, 203 as opposed to 200, but that 500 more visits were made to these cases, and that there was a greater proportion of medical cases visited.

The increased demands on the District Nurse for attention to old people which was noted last year, must again be recorded. The help she is able to give to the old people is very much appreciated, but I do not believe it is generally realised how the services of the Home Nurse and the Home Help are saving the country valuable hospital beds. The cost of Home Nursing and Home Help Services is, of course, very small in propoertion to the cost that would be entailed if old people, nursed at home, were admitted to hospital. Unfortunately, this cost falls on the Local Health Authority, which has to make rate demands. If this cost were to fall on the Regional Hospital Board it would be appreciated how economical these services are.

ANTE-NATAL CLINICS

Two ante-natal clinics were held at Queensbury each calendar month. At Shelf, ante-natal patients were seen prior to the Infant Welfare Clinic each week. Of the 61 patients attending during the year, 50 were new cases. Altogether, 303 attendances were made.

Many women are now receiving ante-natal care from their own Doctors, but attendance at the ante-natal clinics has advantages as it gives an admirable opportunity for them to be seen by the midwife who will attend them, and many patients attend our ante-natal clinics alternately with attendances to their doctors. If any abnormalities are found in women who are to be delivered at home, their own medical practitioner is informed, and in some cases the doctors give the midwife similar information. Almost all the expectant mothers receive some form of ante-natal care, and the relations between the family doctor, the midwife and the clinic have been good.

It is my belief that the home is the proper place for the baby to be born, unless there is some abnormality, but it is not always possible for this to take place because of home conditions. There are still houses in the district where the midwife cannot undertake to deliver the baby safely, and where the housing conditions are bad, admission to hospital is arranged. The Halifax General Hospital has continued to receive the greatest number of cases, but some have also been admitted to the Royal Halifax Infirmary and St. Luke's Hospital, Bradford. The Halifax General Hospital has made available a "Flying Squad"for blood transfusion in cases of emergency where the baby is being delivered at home We have a special cot available in the Division for premature babies, and this is conveyed to the home by ambulance whenever it is required.

RELAXATION CLINICS

The Midwife has been holding special relaxation classes for the expectant mothers. These classes not only give her the opportunity of teaching the mother how to relax at the time of the confinement, but enable her to give breast feeding instruction. The classes are most helpful for apprehensive mothers expecting their first baby, and are serving a useful purpose. Most first babies are born in hospital, and we have received reports that these classes have been appreciated, and that on the whole the evidence shows that easier confinements have

been experienced by mothers who have attended the relaxation classes.

INFANT WELFARE CENTRES

Infant Welfare Clinics and Minor Ailments Clinics were held at Queensbury Cricket Pavilion and Witchfield Methodist Chapel, Shelf. It is unfortunate that we have no buildings in Queensbury and Shelf of which we have exclusive use, as the Cricket Pavilion and Methodist Chapel are not, of course, available except on the days for which they are rented.

It has been represented to the West Riding County Council that the township of Queensbury is sufficiently important for the provision of a building specifically for health purposes. The Cricket Pavilion has many disadvantages, and these were pointed out to a visiting Sub-Committee. In my opinion, it is extremely important that proper facilities should exist in Queensbury, as during the winter months there is usually a period when communication with the neighbouring County Boroughs and Brighouse is particularly difficult. The provision of a special building would also enable the General Practitioners to know where the Health Visitor could always be contacted. At present, the Health Visitors have no central point, and contacts have to be made either to them at their home or through the Divisional Health Office.

Particulars of attendances at the clinics are as follows:-

Infant Welfare Centre	Number of children who attended during the year	Number of children who first attended during the year and who on the date of their first attendance were under 1 year of age	Total number of attendances made during the year	
			Under 1 year of age	Over 1 year of age
Queensbury	232	58	997	765
Shelf	162	54	781	601

HEALTH VISITORS

During the whole of 1953, two Health Visitors were appointed for the Queensbury and Shelf area, and this enabled the area to be covered adequately for health visiting purposes and is reflected in an increase in the number of visits made, but still more in the quality of the work done. More time could be spent with each case, and to be really satisfactory the work of the Health Visitor, and particularly the first visits, should not be hurried. It was possible to spend more time with the Problem Families; the families who do not conform to the accepted social standards of the neighbourhood, and whose children and homes are always in a state of neglect. Particulars of the visits paid are as follows:-

	First Visits	Total Visits
Expectant Mothers	21	66
Children under 1 year	138	1,045
Children between 1 year and 5 years	-	1,583
Other Cases (old people, problem families, etc.)	59	1,167

MENTAL HEALTH

Miss Wroe, the Mental Health Social Worker, has been able to do a great deal to help persons suffering from mental ill health. She has visited patients who have been admitted to mental hospitals and subsequently discharged for convalescence at home, and patients who have been brought to our notice who have not been ill enough to go to mental hospitals, or for some other reason have been kept at home. This work is slow and it is a long time before the confidence of the patients is gained, but in co-operation with the General Practitioners real progress has been made. If only we hear of cases early enough, a great deal can be done to prevent serious mental ill health. Already, mental hospitals are taxed to the utmost, and the strain of modern life appears to cause an increasing number of cases of minor mental ill health. Often these are tackled by the Health Visitor, but in cases of difficulty the Mental Health Social Worker is called in.

In addition to this, of course, Miss Wroe has been responsible for the work in connection with mental deficiency, and regular visits were made to all the defectives in the area who are under supervision. The number of defectives under supervision in the Queensbury and Shelf Urban District at the 31st December, 1953, is as follows:-

Statutory Supervision

Males	under 16 years of age	2
Females	" " " " "	2
Males	over " " " "	3
Females	" " " " "	1

There are no defectives under Guardianship.

Of the children under 16, one attends an Occupation Centre daily at Westwood Hospital, amd two attend Group Training Classes held at Waring Green Community Centre, Brighouse. The fourth is not properly a resident of Queensbury, being a patient at a hospital. All the defectives over 16 years of age are in regular gainful employment.

The Group Training Class at Brighouse is at present only held on four days a week, but it does fill a gap until a proper Occupation Centre can be provided for this Division.

The Duly Authorised Officer, Mr. Johnson, has given the following report on his work in the Queensbury and Shelf Urban District during 1953:-

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890	2
Persons removed under Section 20, Lunacy Act, 1890	2
Persons removed under Section 21, Lunacy Act, 1890	-
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930	1

AMBULANCE SERVICE

Particulars of the cases transported by ambulance during the period 1st January to 31st December, 1953 are attached hereto. It has

been impossible to separate the figures for Queensbury and Shelf as the return is made on a Depot basis, but approximately the figures are one sixth of those given in the table.

HOME HELP SERVICE

There were 20 cases in the Queensbury and Shelf Urban District being provided with a Home Help at the beginning of 1953, and 40 new cases were attended during the year. At the end of the year, 22 cases were still being attended.

Of the 60 cases attended during the year, 34 were for the care of old people, six were where the housewife was ill, 17 were maternity cases, two were for care in the ante-natal period and one in the post-natal period.

During 1953, there were 11 women working as Home Helps in the Queensbury and Shelf area, and altogether they worked 10,578 hours. This is almost the equivalent of the full time employment of five Home Helps working a 44 hour week. As the Divisional establishment is 24 Home Helps it will be seen that in the Queensbury and Shelf Urban District rather more than the establishment of Home Helps has been utilised. It will also be appreciated that more than half the time of the Home Helps was spent in caring for old people, who, without this service, would have had to be removed to hospital.

CONVALESCENT HOME TREATMENT

During 1953, only one person from the Queensbury and Shelf area applied for admission to a Convalescent Home under the County Council's Scheme.

Once again we can report co-operation with the Medical Officer of Health and the Sanitary Inspector of the Queensbury and Shelf Urban District Council. We have also received courtesy and help from the Clerk of the Council, Mr. Hawkes.

Valuable voluntary help has been given at the clinics, particularly at Shelf. There is scope for more voluntary help at the Queensbury clinic.

Co-operation between the General Practitioners and the Health Visitors has grown during the year, but we hope and believe that this will increase as each gets to know the other better. The Health Visitor can learn much from the General Practitioner, and I know that he in turn appreciates having a skilled social worker who is also a nurse to help him with his various problems.

TABLE 11

WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE
BRIGHOUSE DEPOT

Statistical Return for the period January - December, 1953

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1. Patients													
(a) Admissions	175	201	166	145	170	152	156	130	161	140	148	170	1914
(b) Discharges	54	57	64	47	61	40	56	55	46	64	64	61	669
(c) Transfers	23	14	26	28	16	17	30	19	17	16	21	16	243
(d) Outpatients	915	676	721	786	903	879	910	927	975	891	986	887	10456
(e) Accident Patients	28	15	27	22	31	41	35	33	45	45	44	38	404
Total No. of Patients	1195	963	1004	1028	1181	1129	1187	1164	1244	1156	1263	1172	13686
2. Analysis of Patients													
Males	488	403	402	504	584	495	433	473	444	432	510	494	5662
Females	707	560	602	524	597	634	754	691	800	724	753	678	8024
Stretcher Cases	221	217	240	191	212	186	217	201	216	230	241	243	2615
Sitting Cases	974	746	764	837	969	943	970	963	1028	926	1022	929	11071
Children	79	64	68	51	91	123	85	57	83	71	59	73	904
3. Further Analysis of Total Patients in Part 1 above, less (d) and (e)													
Urgent	82	83	84	75	76	69	68	75	69	60	73	75	889
Maternity	22	26	34	35	36	25	38	29	30	24	23	20	342
Infectious	4	2	4	4	11	7	3	-	9	9	6	6	65
Mental	-	-	1	3	1	3	1	5	1	-	1	1	17
General Patients	144	161	133	103	123	105	132	95	115	127	130	145	1513
4. Journeys	339	300	308	304	333	341	348	326	352	336	350	321	3958
Miles	8342	7286	7717	7481	8241	8317	8712	7995	9016	8310	8936	9119	99472

TABLE 12 CLINICS AND TREATMENT CENTRES

Name	Location	When open	
Child Welfare Clinic	Cricket Club, Queensbury	Every Tuesday, 2 p.m. to 4 p.m.	
" " "	Witchfield Chapel, Shelf	Every Monday 2 p.m. to 4 p.m.	
Combined Ante-Natal and Post-Natal Clinics	Cricket Club, Queensbury	2nd & 4th Fridays 2 p.m. to 4 p.m.	
	Witchfield Chapel, Shelf	Mondays 1.30 p.m. to 2 p.m.	
Artificial Sunlight Clinic	Brook House, Atlas Mill Road, Brighouse	This is also available at the Shelf Clinic Monday 10 a.m.	
Diphtheria Immunisation Clinic	Carried out at Child Welfare Clinics		
Dental Clinic	Bonegate House, Brighouse	By appointment	
Chest Clinic	Royal Infirmary, Halifax	Outpatient Department - Tuesday, Wednesday and Thursday 9.15 to 12 noon	
		Men	Women
Venereal Diseases Clinic	Royal Infirmary, Halifax	Thursday 6 - 8 p.m.	Tuesday 3.30 - 4.30 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic and Orthopaedic	Brook House, Atlas Mill Road, Brighouse	By appointment	
Orthoptic Clinic	Brook House, Atlas Mill Road, Brighouse	By appointment - bi-weekly	

COUNCIL HOUSING

I am indebted to Mr. G. A. Muse, the Housing Manager, for the following information:-

In relation to its size, rateable value and population this Council has done exceptionally well with post war housing. As at 31st December, 1953, no fewer than 134 houses, 72 flats and 16 bungalows (total 222), havebeen erected and tenanted since 1946. When it is considered that in 1945 the Council owned only 70 houses and 38 bungalows it will be realised that a tremendous effort has been made to ensure decent living conditions for the inhabitants of the district In addition to the dwellings already occupied, eight more flats are almost complete at Hungerhill and a further twelve are under course of construction on this estate. Twenty bungalows are also being built at Cockhill, Shelf.

The Council's future programme includes the erection of eighteen houses at Cockhill, further bungalows at Chapel Lane and six acres of land to be developed at Hungerhill.

In spite of the Council's efforts there is still a long waiting list for all types of accommodation, both from residents of the area and from people living outside, whose interests or employment are in Queensbury or Shelf. There is a great need for further three-bedroomed accommodation and some four bedroomed houses, and, as this area is a particularly healthly one, the number of elderly people is on the increase, with the result that there is an ever growing demand for old persons bungalows.

The Council in considering further schemes has had to bear in mind the present high building costs which have increased yearly since the end of the war, and the rent which the majority of prospective tenants can afford to pay. The inclusive rent of new three bedroomed houses is now £1. 12. 4d per week, which is a lot of money to take from the wage earner's pay packet before the business of living can be commenced. The problem is, therefore, how to supply good substantial dwellings at a rent which applicants can afford to pay.

The state of completion of post-war houses as at 31st December, 1953, is given in detail below:-

		Houses	Flats	Bungalows
Queensbury	Moorclose Site	23		
	Hungerhill	50	48	
	Albert Crescent			16
	Russell Avenue	1		
Shelf	Burned Road	34		
	Westercroft Avenue	8		
	Cockhill	18	24	
		134	72	16

		Houses	Flats	Bungalows
Dwellings under construction or planned -				
Queensbury	Hungerhill		20	
Shelf	Cockhill	18		20

TABLE 13

The number of dwellings now owned by the Council is 330, an increase of 97 over the figure for a year ago. This is made up of 204 houses, 72 flats and 54 bungalows, as shown in the table below:-

Situation	No. of Houses	Net Weekly Rent	Gross Rental (50 weeks' collection)
OLD PEOPLE'S BUNGALOWS		s. d.	s. d.
Albion Street	8	4. 2.	7. 6.
The Grove	10	4. 2.	7. 6.
Burnside	20	4. 2.	7. 6.
Albert Crescent	16	10.10.	15. 1.
HOUSES			
Russell Hall Lane (Non Parlour Type)	6	11. 4. to 11.11.	18. 6. to 19. 1.
Russell Avenue (Parlour Type)	6	13. 0.	21. 7.
Russell Avenue (Non Parlour Type)	6	9. 0. to 11.11.	17. 0. to 19. 1.
Russell Road (Parlour Type)	12	11. 5.	22. 4.
Russell Road (Non Parlour Type)	2	11.11.	19.10.
Westfield Terrace (Parlour Type)	2	13. 9.	21. 7.
Westfield Terrace (Non Parlour Type)	12	9.11.	20. 3.
Moorclose Lane (Parlour Type)	3	13. 4.	21. 9.
Moorclose Lane (Parlour Type)	1	14. 3.	23. 3.
Moorclose Avenue (Parlour Type)	5	14. 3.	23. 3.
Moorclose Avenue (Parlour Type)	1	12. 9.	21. 1.
Moorclose Avenue (Parlour Type)	13	13. 4.	21. 9.
Burnley Hill Terrace (Parlour Type)	4	12. 5.	21. 7.
Burnley Hill Terrace (Non Parlour Type)	20	9.11. to 11. 4.	17. 0. to 18. 6.
Belle Vue Road (Two Bedrooms)	12	19. 0.	27. 0.
Belle Vue Road (Three Bedrooms)	6	23. 0.	32. 4.
Westcroft Avenue (Dining Recess Type)	8	14. 4.	23. 4.
Burned Road (Parlour Type)	4	14. 6.	24. 1.
Burned Road (Dining Recess Type)	2	12. 9.	21. 9.
Burnside Avenue (Parlour Type)	10	14. 4. to 14. 6.	23. 4. to 24. 1.
Burnside Avenue (Dining Recess Type)	18	12 9.	21 9.
Ridgeway(Dining Recess Type)	10	19. 0.	29. 4.
Hillcrest Road (Dining Recess Type)	22	19. 0.	29. 4.
Hillcrest Road (Two Bedrooms)	12	19. 0.	27. 0.
Hillcrest Road (Three Bedrooms)	6	23. 0.	32. 4.
FLATS			
Hillcrest Road	20	19. 0.	27. 0.
Hillcrest Avenue	28	19. 0.	27. 0.
Belle Vue Road	16	19. 0.	27. 0.
Belle Vue Crescent	8	19. 0.	27. 0.

TABLE 14

HOUSING PROGRESS IN THE AREA SINCE 1919

Year	Houses built by private enterprise, including subsidy		Houses built by Local Authority to let or for sale	
	Queensbury	Shelf	Queensbury	Shelf
1919	-	-	-	-
1920	-	2	-	-
1921	-	2	12	-
1922	-	1	-	-
1923	-	4	-	-
1924	2	7	-	-
1925	2	9	-	2
1926	2	-	12	-
1927	3	-	24	-
1928	?	2	-	8
1929	-	-	-	-
1930	-	3	-	8
1931	-	-	-	-
1932	16	43	-	8
1933	45	47	-	4
1934	89	58	-	4
1935	45	19	-	6
1936	10	15	12	-
	Queensbury and Shelf		Queensbury and Shelf	
1937	21		6	
1938	33		-	
1939	9		24	
1940	-		20	
1941-45	-		-	
1946	6		-	
1947	19		20	
1948	3		25	
1949	2		20	
1950	3		24	
1951	-		8	
1952	8		28	
1953	12		102	

SANITARY CIRCUMSTANCES IN THE AREA

WATER SUPPLY

Monthly samples of drinking water are taken at points throughout the district of Queensbury and Shelf, and are examined by the Public Health Laboratory Service, Bradford. These have all been satisfactory. They show no evidence of faecal contamination, neither do they show any other chemical or organic contaminant.

The water is soft in character leaving no residue on boiling and is suitable for washing.

I am obliged to Mr. S. Drake, Waterworks Engineer, for the information given below.

Water is supplied in bulk from Bradford Corporation at six points as follows:-

Mountain, Queensbury
Albert Road, Queensbury
Stags Head, Queensbury
Soaper Lane, Shelf
Cooper Lane, Shelf
Halifax Road, Buttershaw, Bradford

The Mountain supply is pumped into the Mountain Reservoir and the other five supplies feed direct into the mains. The reservoir capacity is one million gallons. Treatment of the water, filtration and sterilisation has taken place prior to the water being received from from any of these points. The supply in this area, in all parts, has been satisfactory in both quality and quantity. Samples taken for bacteriological examination have been constantly satisfactory.

In the whole of the district there are now only 34 properties without a piped supply of Council water and of these 34, 10 have satisfactory piped supplies from private sources. In all cases supplies are direct to houses, there being no stand pipes in the district for domestic supplies.

The main extensions have proceeded at the housing estates at Hungerhill, Cockhill and Deanstone Lane. The consumption figures for 1953 are given below:-

Queensbury	63,830,000	gallons	(domestic use)
Shelf	32,579,000	"	" "
Combined	96,409,000	"	" "
Queensbury	11,845,000	"	(trade use)
Shelf	8,145,000	"	" "
Combined	19,990,000	"	" "

MORTUARY FACILITIES

During the year we adopted a standard of mortuary management in conformity with the Model Byelaws of the Minister, whereby we provide for -

(1) Collection of dead bodies which are subject to Coroner's enquiries.

(2) The mortuary care, washing and shrouding of these bodies after Coroner's post mortem examinations.

(3) The provision of a shell for the retention of the body prior to subsequent burial.

We would add that the mortuary is now equipped with adequate toilet, lighting and heating facilities, and has met with the approval of the visiting pathologist carrying our Coroners post mortems.

We are in no small way indebted to Mr. Hall, your Surveyor, for his great help in carrying out these improvements.

PUBLIC CONVENIENCES

Another year has gone by without the provision of suitable public conveniences in the area of Queensbury. Shelf appears to be adequately provided with both ladies' and gentlemen's toilets at the bus terminus, but there is a very real need for a ladies' and gentlemen's public toilet in Queensbury to replace the inadequate and out-of-date premises in High Street.

We feel that the facilities provided by the Council should exemplify the standard required from other public and domestic premises. An all out effort should be made during the present year to provide these toilet facilities so that, if nothing else, needless inconvenience be prevented.

SEWERAGE AND SEWAGE DISPOSAL

I am obliged to Mr. J. F. Hall, the Council's Engineer and Surveyor for the following information -

The sewerage system within the Urban District has functioned satisfactorily, there being no serious stoppages.

SHIBDEN SEWAGE WORKS

The sewage is treated at the works which consist of detritus tanks, precipation tanks, percolating filters and/or land area filters and humus tanks.

A satisfactory effluent has been maintained and the analyses of samples taken by the West Riding Rivers Board have been to the required standard.

WOODFALL WORKS

These works consist of detritus tanks, precipiation tanks, percolating filters and humus tanks.

The capacity of the works is not sufficient for the present day flow but every endeavour is made to ensure that the effluent is as good as possible.

LUMBROOK WORKS

The Lumbrook Works consist of detritus tanks, precipitation tanks and percolating filters.

These works are also inadequate to deal with the present flow, but are operated in the best manner possible in the circumstances.

The Council is aware of the inadequacy of both the Woodfall and Lumbrook Works and is taking steps to provide alternative means of sewage disposal in Shelf.

At the end of 1953 there were 182 houses not connected to a sewer.

REPORT OF SANITARY INSPECTOR

To the Chairman and Members of the Council.

Mr. Chairman, Mrs. McCreath and Gentlemen,

It is with pleasure that I submit a report on the work of my department in 1953, which has again been a busy year. As you know, I have the services of Mr. J. Birkett as a part-time clerk, and I am glad that the Council agreed to this provision some eighteen months ago. I could not possibly cope with the work involved without such assistance, and my only regret is that I have no-one on whose shoulders to unload some of the routine outside work. It is very difficult to be a one-man band. Whatever job needs to be done one must do it oneself, and however intricate it is, or whatever concentration is needed, one is at the mercy of the telephone and the caller. This isn't so bad, of course, the difficulty arises when one sets out to do a routine inspection of food shops, or factories, or piggeries, or whatnot. Before the job is decently started something else, a blocked drain for instance, crops up and one must needs abandon one's plan and give attention to the more pressing problem. With an assistant it is possible to direct him to a particular job in hand, and act as a screen or umbrella to him, keeping other jobs from him while he gets on with the job in hand and completes it. That is the bane of my life, incompleted surveys and series of inspections. There is little can be done about it; a district of this size does not warrant the services of another Sanitary Inspector. I believe that as far as the district is concerned the Health Department puts up a good show and its status, together with the Health Committee, is commendably high, but there is much more could be done if I had the staff; as it is, it's a case of first things first, the greatest good for the greatest number, and let your conscience be your guide.

Sufficient has been said in the body of the report to avoid a further reference here to any special item, and I hope you will find it of interest.

I do sincerely thank the Chairman, Vice Chairman and Members of the Health Committee for their confidence in me, and their support in all matters referred to them. Next to my salary, the confidence of the Health Committee is my greatest reward. I would thank your Officials for their help at all times, and especially your Medical Officer, whose friendship and guidance I greatly value.

I am, Mr. Chairman, Mrs. McCreath and Gentlemen,

Your obedient Servant,

W. E. SHELLEY

Sanitary Inspector.

Complaints

These showed an increase being 281 against 234 in the previous year. I like to think that this number is not an indication of the poor state of affairs in the district but rather the knowledge of the public that their complaints do get prompt attention. I think the percentage of results we get in dealing with complaints is very satisfactory.

Complaints outstanding end of 1952	28
Complaints received in 1953	281
	309
Complaints dealt with in 1953	277
Complaints outstanding end of 1953	32

Nuisances

These also show an increase on 1952 figures.

1952 - Nuisances found	174
Premises affected	266
1953 - Nuisances found	245
Premises affected	303

These nuisances comprised the following circumstances:-

Defective drains	51
Defective soil pipes and W.C.s	8
Dirty and dilapidated closets	10
Choked W.C.s	18
Choked W.W.Cs.	5
Defective waste pipes	4
Insanitary sinks	9
Defective or uneven gullies	26
Choked drains	29
W.W.C.s converted to W.C.s	1
Dirty premises	2
Verminous premises	14
Rat infected premises	57
Houses overcrowded	2
Insanitary yards, defective flagging, etc.	2
Accumulations of refuse	29
Burst water pipes	3
Defective roofs, damp walls	30
Defective fallpipes and eaves gutters	20
Defective plastering	13
Defective internal floors	9
Dangerous buildings	2
Defective fire ranges	5
Defective tipplers	4
Defective private sewers	1
Miscellaneous	8

The majority of these nuisances followed the usual run of day to day matters, but three are worthy of mention.

The first concerns the complaint of woodworm and of insects dropping from the ceilings and partitions into food and bedding. Specimens of the insect were sent to the Forest Products Research Laboratory, D.S.I.R., and were identified as 'Niptus Hololeucus" - the Golden Spider Beetle. The prescribed insecticide was supplied to the householder but complaints continued. Further specimens were sent following a more detailed examination of the house, including bits of wormeaten floorboard and plywood patches from the same. The floorboard samples contained 'Anobium punctatum' - the Common Furniture Beetle; and some other substance, presumed

to be a piece of madeira cake from a workman's lunch which fell, or was left in a bulkhead during the installation of the staircase contained 'Ptinus tectus' - the Brown Spider Beetle. Neither of these Spider Beetles is a woodborer, but their nuisance value is considerable, the tenant's wife in this instance becoming quite a nervous wreck because of it. A thorough spraying with one of the Pybuthrin formulations, and an overall fumigation by Lindane smoke generators has, I think, combated the infestation. Notice was served on the owner to repair defective woodwork, and to treat the remainder with one of the insecticides recommended by the Forest Products Research Laboratory.

The suggestion that part of a workman's lunch had provided a breeding place for these Spider Beetles is one worthy of note when erection of new houses is taking place.

The other complaint arose from a loaf of bread brought in, in which was embedded a small insect. This was identified by the Leeds Corporation Pest Section as 'Niptus Hololeucus - or Golden Spider Beetle. Examination of the bakery concerned showed a severe infestation with this pest. The advice of the Leeds Pest Officer was sought and he gave it as his opinion that the breeding place was at the bakery, and that it was not an infestation brought in from the flour millers, and that a thorough treatment would be needed to control the pest. He further recommended that the existing wooden floor of the flour store would need to be replaced by some impervious material to prevent a recurrence of the infestation. As our resources are rather limited for carrying out treatments of this size, arrangements were made for the Leeds personnel to carry out the treatment with a B.H.C. water emulsion spray. This was done and the immediate results were very good, but the necessity, or otherwise, of relaying the floor remains to be seen.

The third complaint, or group of complaints, concerns smells of gas in various premises. Sporadic reports of gas escapes would be made, and after a gas inspector had visited the houses, the tenants would come to the health department saying that the alleged gas was sewer gas and the Council's responsibility. Being convinced that the gas was, in fact, coal gas, I got in touch with an official of the Gas Board who brought along a chemist and did the Palladium Chloride test. In every case the presence of coal gas was proved. From then on no stone was left unturned until the escapes were rectified, and I would pay tribute to the thoroughness with which they went into action once satisfied that the smell was coal gas. Since nationalisation the Gas Undertaking has had to undertake a lot of renewal of the old mains and service pipes which were not sufficiently well maintained by the old private undertaking. Cases have been reported of leaks occurring when stone flagged floors have been disturbed for building alterations, and it has been found that the service pipe had disintegrated and that the gas had only been contained by the compaction of the clay and soil under the floor.

Referring back to day to day nuisances, it is surprising to me the number of people who complain of choked drains, when in reality the gulley only is choked. When it is explained that the keeping clear of the gulley is the tenant's responsibility, on a par with keeping

chimney flues swept, the look of surprise which passes over the hearer's face is often akin to disbelief. Such people often say the gulley has been trouble free for years, never a bit of trouble until the folk next door did those alterations, and now look at the cellar - a foot deep in water. Then it is that a bucket full of coloured water put down their own sink, eventually arriving into the cellar, or under the kitchen floor, does more good than a year's supply of disinfectant.

Apropos sink and bath waste gulleys, I think far too little attention is paid to the proper use of back inlet and other specially designed gulleys. The number of ponds of soapy water in back yards caused by leaves blocking gulley grids, could be much reduced by using back inlet gulleys. And as for those builders who put a gulley three feet down in the ground, stick a six inch pipe onto it, then the dish and grid - well, they should be responsible for cleaning out the gulley for evermore, jointly with the person who approved such an arrangement.

It is surprising how many matters such as these, which are often lightly dismissed as "just a matter of common sense", fail to get the common sense applied to them.

Closet Accommodation

The position continues to improve as more and more properties become owner-occupied. The first thing nowadays that most people do when buying a house is to make sure of good sanitary amenities. It is a matter of regret to me that the new Model Building Byelaws referring to water closets state that unless there is another water closet in the building, no water closet shall open directly from a bedroom or dressing room unless there is a secondary access to the closet. Surely an existing outside W.C. could be accepted as suitable secondary accommodation when a proposal is received to instal a second W.C. indoors, but opening directly from a bedroom. It has already happened that this byelaw has operated against such a proposal in this area, a proposal which I would have been pleased to see come into effect.

The position at 31st December, 1953, was as below:-

Number of privies with open middens	Nil
Number of privies with covered middens	46
Number of pail closets	101
Number of pedestal water closets	3,068
Number of trough closets	Nil
Number of waste water closets	125
Total	3,340

Number of privies reconstructed in 1953	
(a) as W.C.s	9
(b) as Pails	2
Number of additional W.C.s provided for old property	37
Number of closets constructed for new houses	114

Percentage of closets in district on water carriage system - 95.6

The closet conversion grant scheme, whereby the Council pay £7 10s. 0d., or fifty per cent of the cost, whichever is the less, towards the cost of converting privies or pail closets to W.C.s, continued through

the year although its scope lessens yearly as the number of cases where such conversion can take place become fewer and fewer.

The number of houses not connected to a sewer is 182, yet the number of privies and pails total 147. This shows that in many cases, even where no sewer is available, owners have installed septic tanks and filter installations in order to have the amenity of a water closet. Some 62 houses in the area are drained to septic tank installations as distinct from cesspools, sumps, and other vague means of disposal.

One means of improving the type of closet accommodation in the area would be the extension of the closet conversion scheme to waste water closets. Application was made to the Minister of Health to do this in 1946 but was refused owing to the necessity at that time to limit building works and expenditure. Much could now be done under such a scheme irrespective of any improvements effected by the implementation of grants under the Housing Act, 1949.

Housing

As the table of Housing Statistics shows, this has not been an idle year, 15 houses being represented under Section 11 of the Housing Act, 1936. Since 1948 this means that 98 houses have been represented under sections 11 and 12 of the Act, or have had pre-war demolition orders, previously at a standstill, enforced. As far as possible the numbers of occupied houses brought to the Health Committee's attention have been related to the number of new houses being built, although an actual degree of relationship has never been determined by Council policy. As far as I can see, the policy followed has not embarrassed anyone and I am sure that as far as dealing with housing problems is concerned an active policy is better than a passive one. In fact, the recent trend of Ministerial circulars on Housing and Slum Clearance bears out this policy - nearly any avenue which will lead to improved housing conditions is to the good. And methods which years ago would have been considered most unorthodox, now have vigorous sanction from the Minister. I cannot help feeling that what the Minister wants is to get rid of the worst, and improve the rest. This Council is certainly getting rid of the worst in an active manner. As for the improvement of the rest, we have not yet got very far, although a start has been made in the administrative side. As a result of a special report on the housing situation a certain amount of money was provisionally allocated for Improvement Grants, on the understanding that before inviting applications for grants from the public, a survey of the accommodation of applicants for Council Houses should be made. The idea of this is to see how many applicants' needs can be met "at home", if a grant were offered to and accepted by the owner and tenant. This is a very logical thing to do, and is in line with the suggestion I made in the report - that new houses only be built to re-house people whose needs cannot be met "at home".

Figures showing the application of improvement grants, etc. as given by the Croydon and Stockton experiments were quoted at length and comparisons drawn between the results obtainable from a given expenditure on building new houses or improving old ones.

There is no doubt in my mind that good for more people can be done, for a given expenditure, by improving old houses than by building new ones. For instance, from the figures I used, over a 60 year period, for a 3d. rate; 50 new Council houses can be built, or 108 houses purchased and improved at a cost of £1,000, or 192 houses improved at a cost of £600. On this basis I suggested that it was best to retain as many of the existing houses as possible which could be modernised, and to set about having them modernised. It not only prevents a new replacement house having to be built to replace a worn out house, but it also keeps rents down to a level people can afford to pay.

Back to back houses are a problem, but wherever possible their structure should be retained as long as they lend themselves to conversion into through dwellings or flats of some sort. In this connection it is helpful to read the shortened 12 point standard applicable to houses which may now become the subject of an improvement grant.

The survey of Council house applicants' accommodation referred to above is not yet complete, and no comments can yet be made on the next stage of the proceedings.

The Housing Repairs and Rents Bill, if enacted, will call for slum clearance proposals within a 12 months' period. This is a good thing and will tend to combat the tendency of elected representatives to think and plan only for the current year, which leads to an absence of a defined policy within whose framework the responsible officials can bring along proposals for planned slum clearance. Where a plan does not exist, the Bill calls for the creation of such a plan, and plans and policy are in effect synonymous.

And what of property in need of repair! There has been a tendency to refrain from serving repair notices to a proper extent, partly because of the "reasonable expenses" clause in section 9 of the Housing Act, 1936, and partly because of a desire to wait and see what legislation would be brought out to deal with the rents position. It is now apparent that the increased rents will give a bigger margin of safety to an inspector when considering reasonable expense. It should also mean that as a certain minimum of money should be spent on repairs before the rent increase is claimed, some landlords will perhaps overhaul their property automatically. But there are others who, complaining of income tax and other deductions from their property income, will jib at spending even the prescribed amount in order to qualify for the increase in rent income. I think that in these cases the local authority should be entitled to serve section 9 notices to repair, basing the estimate of reasonable expense on what the rents would be if the legitimate increase had been qualified for and added, and not on what the rents are. There is no doubt that once an owner had done the repairs required he would then claim the rent increase allowed. It seems to me that on the present basis the "reasonable expense" bogey will still be with us in more Gilbertian fashion than before.

During the year a determined attempt was made to bring up to date our overcrowding records, and no fewer than 913 houses were visited in order to check the occupancy details. This in itself has been no small

job of work, fitted in between the calls of all the other day to day work of a One-Inspector Health Department. Another determined effort in 1954 may well bring up to date these records. It is in such routine work as this that an unskilled assistant who could reliably carry out this enumeration work, would be an efficient and economical addition to my office.

TABLE 15

HOUSING STATISTIC, 1953

(1) Inspection of dwelling houses during the year -

Number of houses inspected for defects	246
Number of inspections made for purpose	289
Number of houses inspected and recorded under the Housing Consolidated Regulations	35

Number of houses needing further action:-

(a) Number considered to be unfit for human habitation	18
(b) Number not in all respects reasonably fit for human habitation	173

(2) Remedy of defects during the year without service of formal notices -

Number of houses rendered fit by informal action	132

(3) Action under Statutory Powers -

A. Proceedings under Sections 9, 10 and 16 of Housing Act, 1936.

(1) Number of houses in respect of which notices were served requiring repairs	6

(2) Number of houses rendered fit after service of formal notices:-

(a) By owners	13
(b) By Local Authority	1

B. Proceedings under Public Health Acts.

(1) Number of houses in respect of which notices were served requiring repairs	11

(2) Number of houses in which defects were remedied after service of formal notices:-

(a) By owners	9
(b) By Local Authority in default	-

C. Proceedings under Sections 11 and 13 of Housing Act, 1936.

(1) Number of representations, etc. made in respect of dwellinghouses unfit for human habitation	15

(2) Number of houses in respect of which Demolition Orders were made 8

(3) Number of houses demolished in pursuance of Demolition Orders 11

D. Proceedings under Section 12 of the Housing Act, 1936.

(1) Number of underground rooms in respect of which Closing Orders were made -

(2) Number of underground rooms, the Closing Orders in respect of which were determined, the room having been made fit 1

(4) Housing Act, 1936 - Part IV - Overcrowding -

(a) (1) Number of dwellings overcrowded at end of year 27
(2) Number of families dwelling therein 29
(3) Number of persons dwelling therein 152

(b) Number of new cases of overcrowding reported during the year 12

(c) (1) Number of cases of overcrowding relieved during the year 8
(2) Number of persons concerned in such cases 32

Refuse Collection and Disposal

The weekly collection of bins, pails and privies was continued throughout the year, except when holidays intervened. Most of the district had 50 collections, the only places not so fortunate being those places normally visited on Monday and Tuesday. The procedure adopted is to pick up the collection round after a holiday at the point where the wagon would have been if there had been no holiday. This leaves a straightforward 'double-lift' in the second week on the days corresponding to the holidays of the previous week. By local custom this happens on Easter Monday and Tuesday, and Whitsuntide Monday and Tuesday; August Bank Holiday not being recognised as a holiday. Christmas being a movable feast has to be organised differently each year. Generally speaking it is found that this method causes least upset, as the people in the area concerned have come to know what is happening and are patient, while the collection men know just where they are, and are not struggling to make up arrears for two or three weeks. People living in the area cleared on Wednesday, Thursday and Friday thus rarely realise that there has been any upset due to holidays and are mostly well satisfied with the collection service.

Dustbins and ashpits were sprayed with D.D.T. at intervals during the summer months. While providing no spectacular results, a fly killer near every house must do some good. I do not propose to give numbers of loads and tonnage removed this year. Such figures do not show how good a service is actually given, neither do they justify a poor service. Costs have risen, of course, the cost of the service to the rates for the year ended 31st March, 1954,

being £3214 as against £3124 for the previous year, an increase of under 3 per cent.

Our salvage efforts continue, and an ever increasing tonnage of salvageable material is recovered. The recovery rate for paper in the year 1953 was 22½ cwts. per 1000 population per month. The full figures are given below:-

Salvage Sales for year ended 31st December, 1953

	Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
Mixed papers	82	3	-	-	554	12	3
News. & Pams.	25	11	-	-	227	10	1
Rags	1	15	-	18	44	19	3
Bagging	-	8	3	25	5	8	8
String	-	5	3	15	2	10	10
Scrap Iron	4	17	-	-	25	1	0
Aluminium	-	1	3	18	6	10	5
Brass	-	-	2	10	2	5	6
Copper	-	-	2	7	2	19	8
Sawdust (18 sacks)						9	0
Tins	3	16	-	-	14	12	11
Lead	-	-	1	6	1	3	8
Battery						16	0
	119	-	1	9	£888	19	3

In 1952 101 tons of salvage yielded £1,057, while in 1951 89 tons of salvage yielded £1,436.

M I L K

Milk Supplies

Our efforts have continued in attempting an improvement in regard to the sale of ungraded raw milk in the area. By negotiation and persuasion the majority of the small milk distributors selling loose milk from the handcan have been persuaded to drop this practice, and have changed over to the sale and delivery of bottled milk only. This has usually meant a change from an ungraded supply to a Tuberculin Tested or heat treated supply, the latter obtained from the big dairies who carry out heat treatment. The amount of ungraded raw milk sold in this area has dropped now to about 3.0%. We shall not have an entirely safe supply in this area until the entire milk supply is required to be heat treated.

Sale of Sterilised Milk

There has been a further increase in the sale of sterilised milk during the year as reflected by the increase in the number of shops which are now registered for this purpose.

Milk and Dairies Regulations, 1949

Dairies other than dairy farms(Regulation 8)

There were two dairies on the register at 31st December, 1953.

Distributors of Milk (Regulation 8)

"Distributor" means a person trading as a dairyman elsewhere than at or from premises in relation to which he is registered as a dairy farmer.

There were five such persons on the register at 31st December, 1953.

There are 29 retail milk sellers in this area.

Stoppage of Milk Supplies (Regulation 20)

During the year it was found necessary to serve one notice in respect of a raw milk supply found to be infected with tubercle bacilli. The sample was a routine one taken from a producer-retailer and consequently notice under the above regulations was served on the farmer requiring that all the milk produced at his farm must be adequately heat treated. The farmer concerned obtained supplies of heat treated milk from the dairy which took his infected milk, and has expressed his intention of never going back to the other system. By this means he avoids the trouble of boiler firing, and all the bother of bottle washing, sterilising and losses.

A sample of milk was also found to be infected with Brucellosis during the year. A clinical examination of the herd was made by a Veterinary Inspector of the Ministry of Agriculture, and as this was inconclusive, spot samples of milk from selected individual cows were submitted for examination. These revealed Brucella abortus in one cow, and although consideration was given to stopping the milk supply we were advised against it. The animal was sold for slaughter by the farmer.

Dairy Inspection and Milk Sampling

The following visits were made during the year:-

Dairies	3
Milk distributors	6
Other visits of enquiry	30

During the year 27 samples of milk were submitted to the laboratory for bacteriological examination. The samples were from the following grades of milk:-

Pasteurised	3
Tuberculin Tested (Pasteurised)	1
Sterilised	0
Tuberculin Tested	11
Accredited	9
Ungraded	3

The results were as below.

Methylene Blue (Reduction) Test

	Satisfactory	Unsatisfactory
Tuberculin Tested	11	-
Accredited	9	-
Ungraded	3	-

Phosphatase Test

	Satisfactory	Unsatisfactory
Pasteurised	2	1
T.T (Pasteurised)	1	-

During the year 30 samples were submitted for Biological test for the presence of tubercle bacilli, and 1 was found positive. As stated earlier suitable action was taken under Regulation 20.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

Number of licences in force for -

	Dealers	Supplementary
(a) Pasteurised Milk	11	3
(b) Sterilised Milk	9	-

Milk (Special Designation) (Raw Milk) Regulations, 1949

Number of licences in force for -

	Dealers	Supplementary
(a) Tuberculin Tested Milk	11	6
(b) Accredited Milk	2	-

FACTORIES ACT, 1937

TABLE 16

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors

Premises (1)	Number on Register (2)	Inspections (3)	Number of Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	8	8	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	39	16	3	-
(iii) Others	3	9	-	-
TOTAL	50	33	3	-

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars (1)	Number of cases in which defects were found: Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	Number of cases in which Prosecutions were instituted (6)
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	1	-	-	-	-
(b) Unsuitable or defective	1	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences (not including offences relating to Homework)	-	-	-	-	-
TOTAL	2	-	-	-	-

TABLE 17

PART VIII OF THE ACT

O U T W O R K

(Sections 110 and 111)

Nature of Work (1)	No. of outworkers in August list required by Sect. 110 (1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices Served (6)	Prosecutions (7)
Textile Weaving	35	-	-	-	-	-
TOTAL	35	-	-	-	-	-

Classified List of Factories

Bakehouses	3
Blacksmith	1
Brewery	1
Building Contractors	2
Building Sites	3
Cabinet Makers	2
Construction Company	1
Corn Millers	2
Fireclay Manufacture	1
Food Preparation	1
Garage and Motor Repairs	5
Gas Supply Undertaking	1
Grocery Warehouse	1
Joiners Shops	6
Laundry	1
Leather Tanning	2
Machine Tools	1
Malting	1
Mineral Water Manufacture	1
Pottery Manufacture	1
Plumbers Shops	2
Salvage Depot	1
Sheet Metal Worker	1
Suet Manufacture	1
Textile Manufacture	5
Textile Engineering	3
	50

Section 34, Factories Act, 1937

This legislation places on district councils the responsibility of seeing that suitable means of escape exist in case of fire at factories. Your Sanitary Inspector is the person responsible for seeing this duty is carried out. Periodic inspections are made, and in any case of doubt as to what are suitable means, reference is made to the County Fire Service for recommendations of a Fire Protection Officer, I would give thanks to them for their great help in guiding the Council, as a body, in the proper implementation of this important duty.

Petroleum (Consolidation) Acts 1928 - 1936

Your Sanitary Inspector acts as Petroleum Inspector for the administration of the above Acts.

During the year 17 licences were re-issued to store petroleum spirit. No new installations were made during the year.

The advice of the County Fire Officer was asked for during the year as to the adequacy of our present conditions of licence, and a request was also made for the inspection and testing of existing installations, some of which have been in use now for many years.

Rag Flock and Other Filling Materials Act, 1951

This Act came into operation on 1st November, 1951, and is administered by the Health Committee through its Sanitary Inspector.

Briefly, the Act forbids the use of certain filling materials for upholstering, stuffing of bedding, toys, baby carriages, etc., except on premises registered by the local authority. Premises where rag flock is manufactured or stored must be licensed.

Provisions are incorporated to prevent the sale or use of unclean filling materials and Regulations have been made prescribing standards of cleanliness.

There is one licensed manufacturer in the district, and during the year four samples taken were satisfactory.

Slaughter of Animals Act, 1933 to 1951

During the year no new licences to slaughter or stun animals were granted, and 12 were renewed.

As no slaughtering, apart from self-suppliers' pigs, takes place in the area there is no comment I can make on the obligation to water and feed animals in lairages.

Food and Drugs Act, 1938 - Section 14

There are 42 premises registered under this section, 27 for the storage and sale of ice cream, and 15 for the preparation of sausage and other preserved meats.

Fish fryers are not registered under this section as there seems to be some doubt in public health circles as to whether or not this was intended by the legislators. In practice this does not matter as all the fish fryers are members of the Traders Guild of Hygiene, and in working to the Code of Practice they attain as good a standard as could be obtained by control under section 14.

Food and Drugs Act - Section 57

Slaughterhouses

There are seven licensed slaughterhouses in the district. These are not used normally, but the licences have been renewed every year since 1940, presumably to earn compensation if ever compulsory closure was attempted. However, one will not be relicensed, as the slaughterhouse forms part of what has now become an attested farm, and one is required by the owner only for his own occasional use. In fact, he probably does not need a licence in so far as his occasional pig hardly constitutes a " trade or business."

Food and Drugs

This Council is not a Food and Drugs Authority, this work being done by the County Council. There are no pasteurising or sterilising plants in this area, and consequently no licences for such plants are in force.

Food Hygiene

The first thought in this area when food hygiene is mentioned is of the Queensbury and Shelf Traders Guild of Hygiene. Formed in 1950 as "a voluntary association of traders with the object of promoting food hygiene" it has gone through its teething troubles and now occupies a recognised solid position in the scheme of things. The number of members is now 68. During the year codes

of practice for hen egg producers and for licensed premises were evolved, and made way for the entry of traders in these two classes. In addition, the newly adopted Byelaws for the regulation of hairdresses by the Council were taken as a Code of Practice, and several hairdressers have now been admitted as members of the Guild.

196 inspections and visits were made during the year to Guild members' premises, and minor infringements of the Codes of Practice pointed out. In no case was it necessary to make any report to the Advisory Committee on these matters.

Turning to food hygiene in general, 78 visits were made to food premises other than those of Guild members. The Council did not adopt the Byelaws, choosing instead to sponsor the formation of the Guild of Hygiene; and the powers contained in the Food and Drugs Act, 1938, are those applied to non-Guild premises.

The standard of cleanliness has in general been found satisfactory and it has not been considered necessary to bring any cases to the notice of the Council. Generally the Sanitary Inspector does his best work in giving advice to persons employed in food handling, and in urging the constant need for scrupulous cleanliness, and by preying upon a food handler's conscience not to let familiarity breed contempt.

There is a growing tendency by shop-keepers to purchase expensive refrigeration and display equipment, and while the need for this, except in certain specialist lines, has never been strongly emphasised, one rejoices to see so much decent equipment coming into use. More power to the tongues of the equipment salesmen, so long as it is not overdone. The word hygienic is getting over used, as witness a recent local advert for a hygienic kitchen cabinet, which was as ordinary as a kitchen cabinet ever was.

The transport and delivery of foodstuffs is more of a problem than the handling of it in shops. Bread and confectionery have been found contaminated. In one case wrapped bread was found to be fouled by the grease and dirt from a slide slicing through the side of a trayful of loaves, while mould was found on a metal confectionery tray. As was pointed out to the firm concerned, it was a pity to spend money on (hygienic) metal trays and then fail to clean them. The stacking of empty trays on the footpath prior to collection was also the subject of comment, apart from dust and dirt, they encouraged their investigation by dogs who have a well known method of completing their investigation!

Salesmen-drivers and hawkers have nowhere near the facilities for keeping hands clean that the poorest shop has. If hot water, soap, towels, etc. are necessary on ice cream vehicles, why on earth not in bread and confectionery vans, and fish and greengrocery vehicles.

Meat transport has continued to be fairly satisfactory, in vans with rails for hanging meat and with operatives wearing some form of suitable clothing.

The collection of dirty laundry by food shops acting as receiving centres is receiving attention, and while I cannot say at the moment that it is not being done, we are on the lookout for it. Certainly it is a practice which should be discouraged.

Meat Inspection

There is no public abattoir in the district, all meat supplies coming from the Halifax Regional Slaughterhouse. There are seven private licensed slaughterhouses in the district, unused except for the killing of self suppliers' pigs in the winter season.

Other Foods

Unsound food surrendered during the year included:-

68 lbs. Tinned Fruit
6½ lbs. Tinned Pork Butts
28 lbs. Dried Milk Powder

All unsound food dealt with during the year was disposed of at the refuse tip.

West Riding County Council
(General Powers) Act, 1951

Section 120

Hairdressers

All the 11 hairdressers' premises in the area are now registered by the Council under the above statute. There are three premises catering for men and nine for ladies.

Byelaws for these premises were made and came into force throughout the area on 1st May, 1953.

The standard of cleanliness apparent on routine inspections is good. There is no doubt that the coming into force of the byelaws altered the outlook of one or two hairdressers.

Section 76

Hawkers of Food

Much progress has not yet been made with the registration of food hawkers under this section. It seemed to me that before implementing this section it would be advisable to draw up standards to be approved by the Council, and so far this is a job which I have not been able to complete. In view of the Food and Drugs (Amendment) Bill I feel that a little further delay to await the proposed new Regulations will do no harm and will prevent confusion through quickly changing standards.

Two ice cream and one fruit and vegetable hawker are at present registered.

Disinfestation and Disinfection

There is a steady demand for our services under these headings. Figures of work carried out are not spectacular but at the same time it is work that comes from the publics faith in the Health Department's ability to deal with these problems. The trouble is that we find a tendency to regard the Department as a source of help for matters having little, if any public health significance. Bugs, lice, fleas, cockroaches in the home, steam flies, cockroaches in the bakehouse and factory, grain weevils in the bakehouse, etc. are treated as they deserve, but when it comes to wasps nests, ants, earwigs, one begins to wonder where to draw the line. As a Sanitary Inspector once said - it won't be long before we're expected to deal with aphis on fruit trees and black fly on beans. What is the public health significance

of woodworm, or the Brown or Golden Spider Beetle in a dwellinghouse? They spread and carry no known disease. And if we say that these insects get on a tenant's nerves and affect his health indirectly, are we not using an argument that opens up fields of action where we have no statutory sanction - far removed from the old idea of prejudicial to health or a nuisance?

First and foremost I would pay tribute to the facilities for identification of insect pests and advice given for their extermination offered by the Forest Products Laboratory of, and the Department of, Scientific and Industrial Research, and also two at least of the proprietary insecticide manufacturers, whose literature and advice on specific pests have been very useful to me during the year. It is difficult to keep pace with the continuing stream of new substances now being used as insecticides unless one has expert advice and knowledge to call upon.

14 verminous premises were dealt with during the year, the more interesting of which have already been described under "Nuisances." In addition to these a larger number of infestations have been treated by occupiers themselves with insecticide given to them by this Department. Sprayers or powder blowers are loaned on request to help in this work.

On several occasions advice has been given on the treatment of dry and wet rot, the most important thing here, of course, being to differentiate between the two.

With regard to verminous persons, we have had no call on our services this year. Presumably cases of Scabies are referred to Hospital Treatment Centres by their doctors and the school clinics deal with school children.

Routine disinfection after the more common infectious diseases, including Scarlet Fever, has been discontinued, but this service is still available on request. We would like to do more disinfection of tuberculous patients' houses on their removal to hospital, or on change of address, but as your Medical Officer of Health has commented, lack of information often restricts us.

Other Work

During the year 22 blocked water closets, 25 blocked gullies and 24 blocked drains were cleared. No charge is made for this work as a rule owing to the urgency of cleansing public sewers and diagnosing defective drains.

Rodent Control

During the year 41 premises were treated for rats and 16 for mice. This involved 155 visits for inspection and treatment, apart from the follow-on visits for treatment made by the Rodent Operative and assistant. 160 baiting points were used in these treatments.

In the sewers a test was done, followed by two treatments. In all 390 manholes were treated, sewer manholes on new estates being included as estates developed inorder to keep proper control over the system.

Charges made for treatments on non-domestic or local authority properties totalled £8 9s. 3d. In this connection it should be noted how the use of the Warfarin poisons has lowered the costs of treatments. Whereas under the pre-baiting system with older poisons three or four visits had to be made before poisoning, now the initial visit with the establishment of baiting points can be followed up leisurely, dead rats often being picked up within three days of the initial baiting. The lowered cost of treatment has resulted in a renewed interest by farmers in our service.

No notices were served under the Prevention of Damage by Pests Act, 1951.

Ratproofing was carried out at three premises.

Rag and Bone Dealers (Public Health Act, 1936, Section 154)

On one occasion cards were issued to children as they left a school in the area, asking them to bring rags in exchange for certain articles before school the following day. I attended the school at the time stipulated along with a police constable, but no rag and bone dealer turned up.

Smoke Abatement

The byelaws relating to the emission of smoke are in force in this area, and during the year six observations of 30 minutes each were taken. One excessive emission was observed and one caution issued.

The Council is a member of the National Smoke Abatement Society and takes great interest in the work. We are fortunate in having no colliery spoil banks in the area and our air pollution is mainly domestic.

During the year an effort was made to establish some form of recording instrument in the area, on the basis that until the extent of the pollution was known no one could guide the Council as to what steps needed to be taken. For instance, it may well be that the actual deposited matter is small compared with the Sulphur Dioxide content. It may be that we have a high SO_2 content due to our being an elevated island situated between two large towns. Possibly the wind turbulence we experience at our altitude dilutes the polluted air and gives us cleaner air than in the adjoining towns. It is hoped to revive this question soon and spend the money we need to ascertain the true state of our atmosphere.

Rivers and Streams

There is nothing to add here to previous years' comments.

Shops Act, 1950 - Section 38

No action was taken under this section during 1953.

Schools

There are eight schools in the district, all of which have been visited. None was closed during the year for any reason. The sanitary conditions are continually improving - as an instance of which it should

be stated that hot water is now generally available at lavatory basins in the schools. Closet accommodation has been greatly improved by the abolition of trough closets.

Swimming Bath

There is a privately owned bath in the district which has previously been available to the public. However, in 1953 this was not opened to the public, so that no comments may be made on it. The slipper baths at the same premises were made available, and continued to supply a need in that part of the area where they are situated.

Tents, Vans and Sheds

During the year three licences were granted for the use of movable dwellings, but at the end of the year only one of these caravans remained. It would seem that our climate does not encourage the spread of this class of accommodation.

Staff

The following staff are employed by the Health Department on outside work.

Dustbin collection	)3 men and)1 driver for 10 cubic yard Karrier
Ashpit collection Rodent control Drain clearing and investigation Health department handyman	)1 man)1 driver for 2 cubic yard Fordson))))
Salvage sorting and baling	1 man
Refuse tip control	1 man
	8 men

Sanitary Inspection of District

Housing

Application inspections	18
Routine inspections	34
Overcrowding	913
Section 9 visits	43
Section 11 visits	66

Factories and Workshops 16

Milk

Dairies	3
Milk distributors	6
Sampling	30

Food Premises

Fish and chips	5
Preserved food	1
Butchers	19
Cafes	4

Food Premises (Continued)

Bakehouses	5
Licensed premises	21
Ice cream shops	6
Slaughterhouses	10
General shops	20
Clean Food Campaign	196
Rodent Control	155
Infectious Disease	212

General Sanitation

Pig Sties	10
Water supply	3
Defective privies, pails, ashpits	18
Privies to W.C.s inspection	20
Defective dustbins	45
Miscellaneous	19
Controlled tip and depot	132
Miscellaneous interviews and visits	1137

Summary of Sanitary Improvements Effected

Privies to W.C. conversions	9
Pails to W.C. conversions	2
Defective W.C.s repaired	26
Additional W.C.s provided for old property	37
Worn dustbins replaced	43
Defective wastepipes, traps and drains repaired	109
Drains reconstructed	68
Drains tested	54
Yard paving repaired	3
Roofs repaired	6
Eaves gutters repaired	10
Rainwater fallpipes repaired	10
Rainwater fallpipes disconnected from drain	6
Defective sinks replaced	9
Windows repaired	8
Walls repointed or repaired	6
Dampness abated	25
Dirty premises cleaned	1
Offensive accumulations cleared	36
Floors repaired	3
Plasterwork repaired	4
Doors repaired	4